1979
KOREA CONTRACEPTIVE PREVALENCE SURVEY REPORT

Korean Institute for Family Planning
Westinghouse Health Systems

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Foreword

In 1979 the Korean Institute for Family Planning conducted a sub-national survey on contraceptive prevalence under the financial and technical assistance of USAID and the Westinghouse Health Systems. This survey was conducted to evaluate an overall impact of the nation's family planning program as a part of evaluation survey taken in every two or three-year interval. Main goal of this survey was to evaluate the impact of Korean family planning program which varies by province. The other effort is also rendered to compare the current status of contraceptive prevalence of other countries internationally by the use of model questionnaire designed by the Westinghouse Health Systems.

It is common knowledge that Korean population growth rate is still high in comparison with that of high-income nation. The rationale of long term population policy is placed in reducing the Total Fertility Rate up to 2.4 in the year 1986. Examining the growth rates of the developed countries, the current growth rates range between zero and one percent per year. By contrast, the goal of Korean family planning during the Fifth-5 Year Economic Development Plan period (1982-1986) is to reduce the rate of population growth to 1.5 percent in 1986. In order to achieve this goal, we must evaluate the overall performances of family planning program which has been closely associated with other development programs in the past fifteen years.

I wish to express my deep gratitudes to Dr. Laurence Smith Jr. and Mr. Gary Lewis of the Westinghouse Health Systems, Professor Manyoung Lee of Kemyung University and Dr. Ungrin Ko of Hanyang University for their efforts and especially for their guidance extended to this research.

June 1980

Taek Il Kim
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CHAPTER 1

INTRODUCTION

1.1 Historical Review of Family Planning Program in Korea

In 1961, the Government of the Republic of Korea issued a statement concerning the importance of a strong family planning program to achieve national goals. In the following year, a national program under the direction of the Ministry of Health and Social Affairs, was included as a component of the First Five Year Economic Development Plan (1962-1966). In 1963, the Prime Minister issued the "Family Planning Encouragement Plan" to promote the program as a priority project, specifying actions to be taken by the various ministries and requiring the formulation of long-range plans in collaboration with the family planning program. As a result, laws barring the import of contraceptives were repealed and the local manufacture of foam tablets, condoms, and later IUDs was made possible. From that time on the Government has frequently taken political action to stimulate family planning, including an executive order in 1973 directing all ministries to cooperate in family planning promotion and the enactment of the Maternal and Child Health Law legalizing induced abortion in the same year.

The family planning program is a part of overall development planning. Official policy is expressed through executive decrees, cabinet decisions, and budget allocations to the program. There is no legal provision specifying the limits and operation of the family planning program.

According to census figures, the Korean population in 1960 was approximately 25 million and had been growing at a rate of 2.9 percent per year during the 1955-1960 period. The average annual rate of growth between 1960 and 1975 was 2.1 percent and by the latter year it had declined to 1.7 percent. It has been estimated that in the absence of a strong family planning program over the past fifteen years, the Korean population in 1975 might have reached 38 million, two and one-half million more than were enumerated in the 1975 Census.

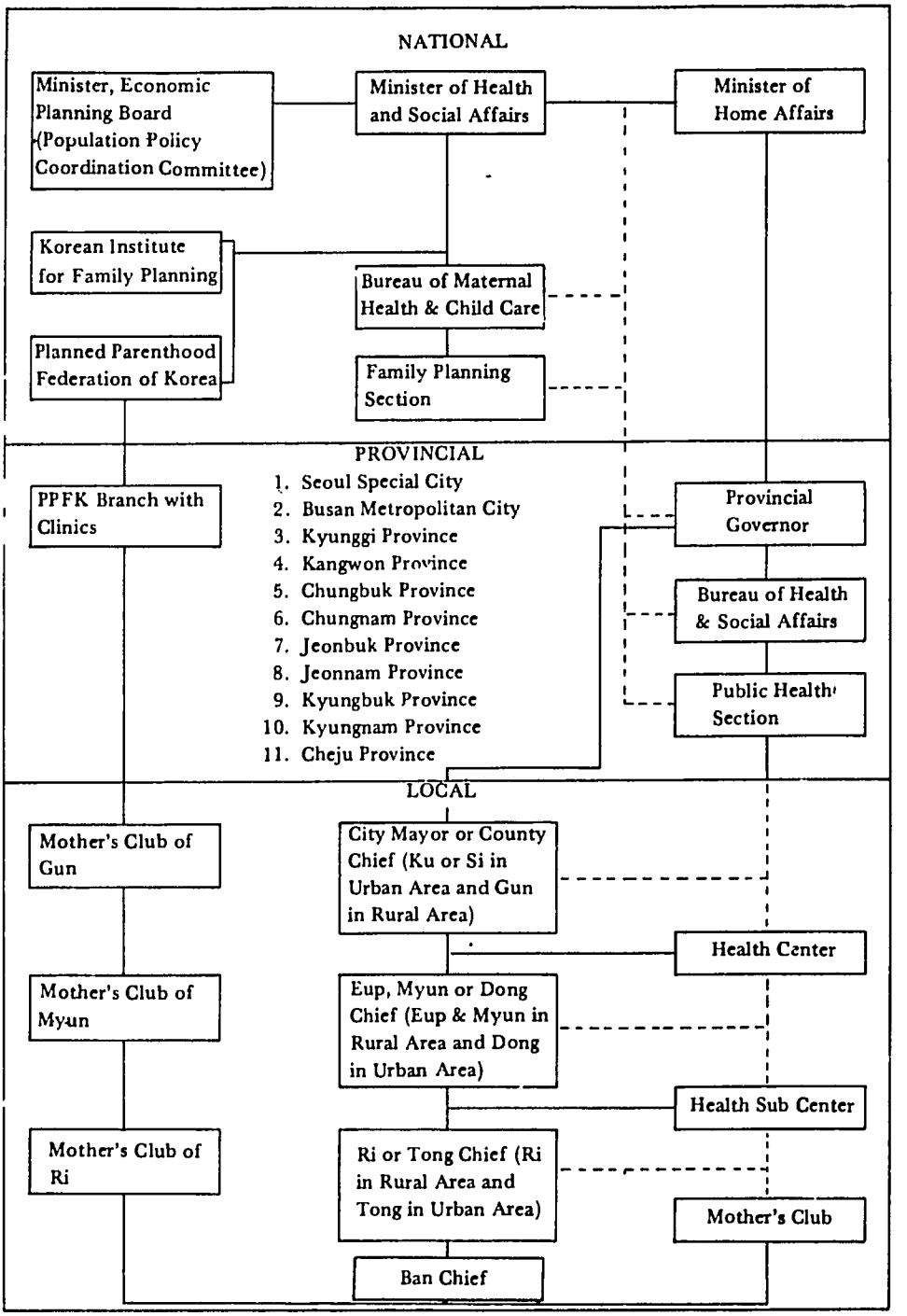
The fourth Five-Year Economic Development Plan, begun in 1977, calls for a further reduction in the annual rate of growth to 1.6 percent by 1981 despite

the unfavorable demographic situation of the post-Korean war "baby-boom" generating entering their reproductive years. The national family planning program is, of course, not the only factor affecting fertility and population growth. Rising age at marriage and an increased incidence of induced abortion, as well as the broad effects of economic development, have also played important roles. It is not possible to measure the relative impact of these factors in reducing fertility with precision, but some studies have been conducted to give us an idea of the relative demographic effect of the program versus other factors. Of the 30 percent reduction in fertility registered over the first ten years of program activity, roughly 12 percent was due to the rising age at marriage and 7 percent to family planning (Watson 1971). Although these estimates are crude, they indicate that the family planning program has played a significant role in fertility decline in Korea. The influence of broad social forces has undoubtedly also contributed to the drop in fertility. Development and modernization have had a strong influence, though in ways that are difficult to analyze. The rising status of women and their greater participation in the labor force has presumably contributed to the rising age at marriage and also to reduced fertility within marriage. The system of requ red military service for men has likely had similar effects.

The Korean National family planning program has been implemented primarily by three organizations: The Ministry of Health and Social Affairs (MOHSA), the Planned Parenthood Federation of Korea (PPFK), and the Korean Institute for Family Planning (KIFP). These three organizations work closely together in the implementation of the program under the direction of the Ministry. This arrangement enables the delegation of responsibility to the participating agencies, taking advantage of each organization's particular strengths and minimizing overlapping and duplication while maintaining program continuity.

The Ministry is in charge of overall planning and coordination and for the maintenance of the national service network. Until 1970, program evaluation had been carried out by the Ministry (see Figure I-1). PPFK is a private, voluntary association established in 1961. It is responsible for the information, education and communication support component of the national program, including the operation of the nationwide system of family planning Mother's Clubs, initiated in 1968. It also operated 15 urban family planning clinics, originally established as demonstration sites, and conducts various pilot projects. In the early years of the program, PPFK played an important role in the training of program field staff

Fig. I-1. Organization of Family Planning in Korea



------: Channel for technical guidance of the program —: Official channel

Note: Urban is defined as locality or administrative unit with more than 50,000 people. A rural area has less than 50,000 people. Ku is an administrative unit in cities with more than 500,000 people.

and medical professionals. KIFP, a semigovernmental agency, was founded in 1970 and was responsible for the training of program staff, a duty that had previously been assigned to PPFK, and for research and evaluation. The program has also benefited from the activities of university and research organizations in pilot and research projects.

Most family planning services are provided through the government network of health centers and designated private practitioners. This system was established at the beginning of the program by adding family planning fieldworkers to the staffs of the already existing county level health centers. The network is operated by the Ministry in cooperation with the Ministry of Home affairs, which has authority over provincial and local governments. The Ministry of Home affairs acts through nine provincial and two metropolitan governments, each of which has a family planning unit within its Public Health and Social Affairs Bureau.

From the beginning, routine administration from the national to the local level could be carried out through this system. For example, targets for contraceptive acceptors are given to the provinces; from there they are passed on to the counties and townships where they finally reach the fieldworkers stationed in country health centers and township level subcenters throughout the country. Thus, the program was able to get off to a fast start without having to build a new organizational structure.

As in many other countries during the early sixties, when family planning programs were being initiated, the Korean Family Planning program operated through the existing health network, though not as an integral part of the health programs. More recently there has been a movement toward integration of the family planning and the health program with greater inter-ministry cooperation.

Since its inception, the program has concentrated on the delivery of family planning services in rural areas. Because of the rapid urbanization of the last decade, however, previously existing facilities in the cities are no longer adequate to satisfy the growing demands, and expansion of the urban family planning network is taking place.

The implementation of the program depends on family planning fieldworkers. During the initial stage of the program in 1962-1863, the government hired and

trained about 380 nurse-midwives to work in the existing county and city health centers as family planning workers. In 1964 it was decided that this number was insufficient to meet the goals of the program, and nearly 1,500 lay workers were recruited to work at the town and township levels as assistants to the health center workers. There are currently about 2,600 family planning fieldworkers throughout the country working under the 202 country health centers averaging one worker for every 1,300 eligible couples in rural areas and one for every 4,500 couples in urban areas.

The fieldworkers receive targets based on the population of the administrative area in which they serve. They fill these targets by recruiting acceptors of program methods through home visits and group meetings. The target system ensures that strong administrative pressure is brought to bear to encourage achievement, so that targets tend to act as a treshold below which performance does not fall. However, the targets have also tended to act as a ceiling above which achievement does not rise. The target setting system tends to limit achievement because fieldworkers, afraid of not meeting future quotas, will report only the required current number of acceptors and save any additional ones for future reporting. A weighted credit system is being considered as an alternative method and will likely be introduced into the program in the near future.

The fieldworkers distribute pills and condoms, and refer potential IUD and sterilization acceptors to designated physicians. For these referrals the fieldworker receives a small incentive. These designated physicans have been trained by the government and are authorized to perform these procedures at their own facilities and are reimbursed by the government on a per case basis. Vasectomies, tubal ligations, IUDs and condoms are provided to the clients free of charge; pills are sold at a modest price.

Since the enactment of the Maternal and Child Health Law in 1973, induced abortions have also been referred to these designated doctors. Prior to 1976 all abortions were paid for by the patient; the majority still are, though the government program at that time began providing for a limited number of free abortions. In addition, mobile units were introduced in 1966 to help deliver services in the remote areas.

Services are also offered at the fifteen urban clinics of PPFK. Originally estab-

lished in 1968-1969 as sites for demonstration projects and medical training, this system was augmented in the early 1970s to help meet the growing need for services in urban areas. The full range of family planning services is offered at these clinics, which are reimbursed by the program for IUD and sterilization costs.

In the early years contraceptives were available primarily through the family planning program, but recently the private sector has become an increasingly important source of supply. For example, in 1976, of the 7.7 percent of eligible women aged 15 to 44 who used pills, nearly two in five purchased supplies from the commercial sector. Among condom users, the share of the private sector equalled that supplied by the government program (KIFP, 1977). The majority of vasectomies are still received from the government programs, rather than through the private sector, though the reverse applies in the case of abortion. Prior to 1975, when female sterilization was officially added to the government program, acceptors most often used the private sector. Since 1975 however, female sterilization acceptors primarily utilize the government programs. To encourage the growth of the local commercial sector, legislation was passed in 1968 to make the import of contraceptive material tax-exempt. Pills, condoms, jellies and foams are all manufactured locally and sold at pharmacies.

Acceptors experiencing side-effects as a result of contraceptive usage are given free medical treatment. Minor complications are dealt with by private physicians, while major cases are referred to provincial or university hospitals.

Contraceptive use increased very rapidly from the start of the program in 1962 through 1966 and more slowly thereafter, with a slight drop in 1968. It is estimated that about 45 percent of the married couples aged 15 to 44, which in 1976 numbered 2.2 million users, were using some form of contraception provided by either the government or private sectors (KIFP, 1977). This is a dramatic increase from the estimated 9 percent use rate in 1964, two years after the government program was initiated (Ross and Smith, 1979).

Several recent estimates of the fertility of Korean women indicate a very high rate of fertility prior to both the start of the family planning program movement and the increased period of modernization in Korea which began in the early 1960s (Lee, 1971; Cho, 1974; Koh, 1973; Kwon, 1975).

Fertility declined sharply in Korea during the 1960s as shown in Table 1-1, but remained well above that of developed countries. Central issues facing the family planning program are the need for further substantial declines in fertility in the 1980s and what means can be used to achieve such decline. The achievement of the national family planning program from 1962 through 1978 is shown in Table 1-2.

Table 1-1. Estimated Crude Birth Rates and Total Fertility Rates: 1950-1975

Year	Crude Birth Rate	Total Fertility Rate
1950-55*	40	5.6
1955-60*	45	6.3
1960-65*	42	6.0
1965-70*	32	4.6
1970-75**	29	3.9

Sources: *T.H. Kwon, et al., The population of Korea, 1975, p. 12.
**D.Y. Kim, Population Projection of Korea, 1975, pp. 18-19.

Tubal ligation was introduced into the government program in 1972, and during that year 3,283 operations were performed. Tubal ligations have increased every year, reaching 181,427 in 1977, 60 times higher than in 1972.

Table 1-2. Cumulative Contraceptive Services Provided by Government Program

Services	Period Covered	Cumulative Number of Users for Period Covered	Annual Average Number of Users
Male Sterilization	1962-1978	416	25
Female Sterilization	1972-1978	438	63
Condom	1962-1978	3,537	208
IUD	1963-1978	4,328	271
Oral Pill	1968-1978	1,931	176
Menstrual Regulation	1974-1978	97	20

Source: KIFP, Services Statistics (1962-1978).

1.2 Major Function of KIFP in Family Planning Evaluation

According to the law that established it, (Law Number 2270, December 31, 1970), the Korean Institute for Family Planning is responsible for research, evaluation and training for the national family planning program. For the last two decades, KIFP (including the Evaluation Unit of the Family Planning Section of the Ministry, and later the National Family Planning Center), other research centers, and many universities have carried out over 300 research evaluation projects on population and family planning.

The major activities carried out by KIFP since its establishment in 1971 can be summarized as follows:

1) Research evaluation activities concerned with population growth and family planning program implementation (i.e., data feedback activities, analysis and problem identification).
2) Collection of data on family planning program activities (service statistics) including monthly reports and coupons obtained from health centers.

1.3 Background to Korean Contraceptive Prevalence Survey

1.3.1 Background

Since 1961, the national family planning program has been strongly promoted by the Government of Korea, in concern with positive support from the general public. Various research and evaluation activities have been conducted, including 11 nationwide KAP, and fertility surveys during the last 20 years. According to survey results, total fertility has declined from 6 to 3 births per woman due to the increase in contraceptive prevalence and induced abortion in the last two decades.

These early surveys were implemented in such a way that only urban-rural comparisons were possible; the surveys could not give regional or provincial estimates of contraceptive prevalence and use of induced abortion. The 1979 Korean Contraceptive Prevalence Survey (KCPS) gives provincial data. Extending the sample to the province level was regarded as an important step in equalizing field workers' targets and workloads, and in more efficiently recruiting new program acceptors.

The applicability of the 1979 survey is expected to improve the national family planning program through the provision of data that will be utilized in the new strategy of program development and management at the provincial level.

1.3.2 Purpose

As mentioned earlier, the Korean national family planning program is centrally administered. Thus, implementation and evaluation have been carried out only on the national level. The lack of regional (provincial) data has caused difficulty in program management and especially in such activities as target setting. The 1979 KCPS was designed to provide the following information:

1) The effectiveness and efficiency of provincial level operations in order to make optimum allocations of program resources;
2) Feedback to the provincial government on differentials in prevalence, fertility, and use-effectiveness;
3) A comparison of the status of family planning among those countries participating in the international Contraceptive Prevalence Studies Project.

CHAPTER 2

METHODOLOGY

2.1 Documentation

2.1.1 Main Questionnaire

The interview schedule used for the KCPS was jointly developed by Westinghouse and KIFP. Westinghouse developed a model questionnaire designed to collect contraceptive prevalence and other information important to family planning program management as part of a large international survey effort. The questionnaire was modified to reflect the unique situation and specific data needs of Korea. The questionnaire, administered to ever-married Korean women 15 to 49 years of age, had two major parts, the individual questionnaire and the household questionnaire.

The individual questionnaire was administered to an eligible respondent in each sampled household. It covered five major subject matter areas: demographic and background characteristics, fertility experience, contraceptive awareness, contraceptive experience and availability of contraceptive supplies and services.

The household questionnaire which was administered to all sampled households regardless of the presence of an eligible respondent, collected data on household characteristics and major demographic events experienced by the household. The collection of household information would generally be beyond the scope of a national contraceptive prevalence survey. However, since the KCPS had such a large sample size, it was decided to try to estimate more accurately some demographic phenomena (births and deaths) that would not be possible for surveys with a smaller sample size. The household schedule collected information on: births (occurring to household members in the last year), deaths (occurring to household members in the last year), induced abortion (occurring to household members in the last year), household size and composition, and material and child health.

2.1.2 Questionnaire Pretest

Upon completion of the design of the questionnaire, KIFP carried out three separate pretests of the questionnaire and field procedures. The pretest was used

to provide information in a number of areas: length of the actual interview, appropriateness of the ordering of questions, clarity of question wording, interpretation of questions by respondents, ease of data entry by interviewers, development of categories for precoded questions, and acceptability of the questions to the women surveyed. After each pretest, the questionnaire and associated documentation were modified to reflect the pretest experience. The final questionnaire was then reviewed by a panel of experts representing government and academic institutions.

Additional pretesting was also carried out in an effort to refine field procedures. These small pretests were used to introduce the field staff to interviewing and listing, and also to develop relationships between individual team members and the supervisor.

2.1.3 Manuals

Manuals for interviewers, supervisors, and coders were developed by KIFP. The interviewer manual was used to train interviewers and supervisors. It also served as a reference document to assist interviewers, who were expected to carry their manuals with them, in resolving problems encountered in the field. The supervisor manual was designed to provide most information required to operate affectively in the field. The purpose of the coding manual was to ensure maximum quality in coding the questionnaire entries.

The interviewer manual, based on the Westinghouse model questionnaire had two parts. The first part introduced the interviewer to survey procedures such as survey objectives, sampling definitions, KCPS organization, interviewer responsibilities, supervision, field procedures, and various types of problems. In the second part, each question is presented individually with appropriate instructions for asking the questions and entering the response. Then the problems associated with each question are reviewed, including the various logical skips used to arrive at the question, possible interpretations (both correct and incorrect) the respondent might put on the question, the appropriateness of the response given earlier responses, and ways to record the response on the interview form.

The supervisor manual was a general guide to the responsibilities of the field supervisor, but it could not anticipate all demands that would be made on the supervisor. The manual specifically covers personnel supervision techniques, such

as organizing a workplan for the survey team, logistics for setting up operations in a survey area (such as lodging and local health center contacts), communications with the central office, quality control during fieldwork, possible problems and appropriate reactions, and editing procedures for completed questionnaires. A coding manual was prepared to ensure maximum quality in coding the questionnaire entry. This manual has gone through several iterations. The manual was prepared originally for use in the field to check entries. Based on the experience in the field it had to be modified before and after coding of completed questionnaires at the central office. The final coding manual represents all of the codes used in the KCPS data set, and is a reference guide for data users. Both Korean and English versions have been prepared.

2.2 Sample Design

2.2.1 Sample Frame

One of the main purposes of the KCPS was to collect data on contraceptive use levels at the provincial* and urban/rural level. In the past, surveys have been used to provide information only at a national level. However, the Korean family planning program has developed to the point where management information at a national level is not sufficient. For this reason, the KCPS expanded the sample size to allow representative samples to be drawn on a subnational or provincial level.

It is important to note that each provincial sample is self-weighting and appropriately stratified by each province's urban and rural proportions of the total population. However, the same number of households were selected in every province, as a consequence, the national sample is not representative; each province must be weighted to generate representative estimates at a national level.

The strata in the sample design include Seoul and Busan, totally urban provinces, and eight other provinces. Cheju Island is excluded from the KCPS because it is under intensive examination as part of a larger project to develop household delivery strategies for family planning services. From each province or stratum a sample of 2,000 households was drawn (giving a national sample of 20,000 households). The 20,000 households provided a survey population of approximately 14,000 married women between the ages of 15 and 49 years. Also a non-overlapping sample of 2,000 households was drawn to provide a national survey population

* : see Table 2-1.

of single (never married) women between the ages of 15 and 29 years. Given the focus of the KCPS on contraceptive usage, it was not felt that the measurement of use among single women at provincial levels was useful given the large effort and cost required to cover this subpopulation.

The provincial population (each representing an independent universe) was stratified by urban/rural residence using three administrative levels which approximate degrees of urbanization. The first level is the Dong, which is purely urban. The second level is the Eup, which is considered, for purposes of analysis, to be rural, but is in fact only quasi-rural. The third level is the Myun, which is purely rural. Dongs, Eups, and Myuns were selected with probability proportional to size. Selection probabilities were based on the Economic Planning Board's (EPB) 1977 Years End Count of Population (Annual Growth Survey).

The second stage of the sample selection procedure involved drawing a sample of Tongs (a subdivision of the Dong) for urban areas, and Ris (a subdision of Eups and Myuns) for rural areas. It was expected that urban areas would be more heterogeneous so a large number of sampling points were selected with a smaller number of households interviewed at each point. Mapping and listing of the urban areas was done by Ban (neighborhood within the Tong), and the sample of households to be covered was selected from that listing. In rural areas, fewer Ris were sampled with a larger sampling fraction. The variation between the urban and rural areas in sampling technique was done to (1) increase the number of sample points in urban areas, thereby reducing the risk of sample homogeneity, and (2) reduce the number of sampling points in the more homogeneous rural areas, therefore, lowering survey costs.

In order to select Tongs and Ris and to calculate household sampling proportions, a list of these units within the Dongs (Eups and Myuns) selected in the first stage was required. This was provided to KIFP by the Dong chiefs, who maintain a register of households in their areas. KIFP requested a list of all Tongs or Ris in the selected Dongs (or all Ris in the selected Eups or Myuns), and the number of households in each Tong. From this listing, Tongs and Ris were randomly selected by KIFP.

From this listing, Tongs and Ris were randomly selected by KIFP. Then a mapping team visited each Dong chief to make a listing of households in the selected

Tongs and Bans from the Dong register. Then mappers and the chief went to the sample area to draw a representational map, including unique characteristics of the area for use by interviewers. Upon completion of the mapping, the central office calculated the proportion of households to be selected at random for the sample, and all ever-married women between 15 and 49 years of age in the selected households were interviewed. In some areas, the Tongs or Ris were too small to provide the number of households required by the sample design. In this case, the nearest Tong or Ri or approximately equal size was combined with the previously selected small one to make a new sample Tong or Ri.

Three problems encountered, but resolved in the listing phase were: inaccuracy of the Dong registers, inability of the Dong chief to contact the Tong and Ban chiefs, and failure of the Dong chief to provide a Tong listing in advance of household listing and mapping. Accuracy of the registers varied from 80 to 90 percent, so each listing was reviewed household-by-household with the appropriate Tong and Ban chiefs, who corrected errors in the listing due to inmigration, outmigration, mortality and births. The corrected Tong listings had error rates under 5 percent. Most inaccuracies were the result of internal migration within the Tong, which had the effect of changing household characteristics without creating the need to correct the list. When the Dong chief could not locate the Tong chief, who was in turn supposed to contact the Ban chief under him, the visit by the mappers was rescheduled. Since 10 percent of the Dong chiefs failed to respond to KIFP's advance request for Tong or Ri listings, mappers collected this information randomly selecting Tongs based on the survey's sampling selection criteria, and then listed households and drew area maps.

As mentioned previously, the KCPS drew provincially representative samples. In order to derive national estimates it was necessary to apply the appropriate weighting factors to urban and rural provincial strata. These weights can be calculated as follows:

Urban: $\frac{1}{P_{ui}} \times P_{ut}$

Rural: $\frac{1}{P_{ri}} \times P_{rt}$.

where,

$$P_{ui} = \frac{\text{Total number of urban households interviewed in province (i)}}{\text{Total number of urban households residing in province (i)}}$$

$$P_{ut} = \frac{\text{Total number of urban households expected in KCPS}}{\text{Total number of urban houscholds in country}}$$

$$P_{ri} = \frac{\text{Total number of rural households interviewed in province (i)}}{\text{Total number of rural households residing in province (i)}}$$

$$P_{rt} = \frac{\text{Total number of rural households expected in KCPS}}{\text{Total number of rural households in country}}$$

Table 2-1. Weighting Values by Region and Province

Province	Urban	Rural
Seoul	2.25089	–
Busan	0.83827	–
Gyeonggi	1.3225	1.24147
Gangwon	0.51619	0.49833
Chungbuk	0.40700	0.40229
Chungnam	0.79560	0.76200
Jeonbuk	0.63128	0.60221
Jeonnam	1.25530	0.96877
Gyeongbuk	1.49102	1.39556
Gyeongnam	0.95396	0.83892

Note: Korea has 11 provincial levels, two special cities and 9 provinces under central government. Urban areas are localities of more than 50,000 inhabitants and rural less than 50,000.

Table 2-2. KCPS Sample Selection Stages

Areal Unit		First Sample Selection Dong, Eup, Myeon		Second Sample Selection Tong or Ri		Third Sample Selection Households	Total No. Household Selected	
Seoul City		18	x	4	x	29		2,088
Busan City		16	x	4	x	31		1,984
Gyeonggi	City	10	x	2	x	44	880	
	Eup	2	x	3	x	44	264	1,976
	Myeon	3	x	4	x	26	832	
Gangwon	City	4	x	2	x	62	496	
	Eup	2	x	5	x	56	560	2,016
	Myeon	8	x	4	x	30	960	
Chungbuk	City	4	x	2	x	57	456	
	Eup	2	x	3	x	54	324	2,020
	Myeon	8	x	5	x	31	1,240	
Chungnam	City	4	x	2	x	57	456	
	Eup	2	x	4	x	53	424	2,008
	Myeon	8	x	4	x	35	1,120	
Jeonbuk	City	4	x	2	x	67	536	
	Eup	2	x	2	x	52	208	1,992
	Myeon	12	x	4	x	26	1,248	
Jeonnam	City	4	x	2	x	65	520	
	Eup	2	x	2	x	58	232	2,032
	Myeon	10	x	4	x	32	1,280	
Gyeongbuk	City	10	x	2	x	43	860	
	Eup	2	x	2	x	64	256	1,986
	Myeon	10	x	4	x	32	1,280	
Gyeongnam	City	6	x	2	x	59	708	
	Eup	2	x	2	x	56	224	1,988
	Myeon	8	x	4	x	33	1,056	
							Total	20,018

2.3 Field Operations

2.3.1 Recruitment of Interviewers and Supervisors

The field staff was recruited through advertisements placed in two Korean language newspapers. Many applications were received and KIFP, after careful review, selected a small group to be hired immediately as mappers and another larger group to be hired later as interviewers. Supervisors were selected from the most capable mappers. Characteristics of the field staff follow:

Table 2-3. Characteristics of Interviewer

Age	%	Education	%	Marital Status	%	Survey Experience	%
20-24	40	High School	58	Single	92	Yes	59
25-29	39	Some College	19	Ever married	8	No	41
30-34	13	College	23				
35-39	3						
40+	5						

2.3.2 Training

The training of interviewers took place immediately before the start of fieldwork. Mappers had already undergone two days of training in order to prepare them for their efforts. However, the dissimilarities between the two functions did not give the mappers any advantage in interview training. Training a field staff of 75 interviewers and 15 supervisors could have been a problem. However, KIFP has had a great deal of experience training workers in family planning, so it already possessed the necessary facilities, equipment, and expert technical staff.

Training the interviewers required eight days and covered the following topics:

- Population problems
- Contraceptive techniques
- Interview procedures
- Review of questionnaire
- Purpose of KCPS
- Purpose of individual questions

The training was specifically designed to reduce the various types of interviewer bias that can influence the quality of results. Training was administered by several

KIFP staff members, including professional trainers and technical specialists. All efforts were made to stress the importance of KCPS and consequently the importance of the interviewer's responsibility. A brief outline of the training schedule is given below.

Training Schedule (starting March 19, 1979)

Day 1. Team organization
Introduction of personnel
General lecture on fieldwork
(Supervisor's lecture)
Day 2. KIFP introduction (Director of KIFP)
Discussion of national population problems (Deputy Director KIFP)
Discussion of national family planning program (Ministry)
Introduction to KCPS
Lecture of contraceptive techniques (film)
Day 3. Survey methodology and interview techniques (video)
Review questionnaire
Day 4. Review questionnaire and demonstration of interview techniques
Day 5. Discussions of problems
Practice interview
Day 6. IE&C module training
Practice interviews
Day 7. Practice interviews in field
Day 8. Final review
Distribution of field kits
Pay out travel expenses
Day 9. Begin interviewing in Seoul

During the first two weeks of actual fieldwork, interviewers received intensive supervision by field and central office supervisors. At this stage, field supervisors met every two days at the central office to discuss the problems encountered in the field which required central office disposition.

Supervisors attended all regular interviewer training sessions, plus additional lectures on personnel management, field logistics, sampling techniques, field problems, local administrative relationships, and communication procedures.

2.3.3 Fieldwork

Doing a national survey of 20,000 households is a massive undertaking. The fieldwork requires the largest amount of resources and is most susceptible to problems. Due to KIFP's long experience in data collection and survey work, careful planning and hard work, fieldwork proceeded quite smoothly.

Fieldwork started on March 28 and was completed on May 29, 1979. There were fifteen teams of 4 or 5 interviewers and one supervisor. Roving supervisors made surprise or planned visits with each team about 5 times during the course of the fieldwork.

Teams traveled by public transport. In some areas the Health Center provided vehicles for local travel but this was unusual. The work load per interviewer was 8 interviews per day. This is a fairly high interview rate by international survey standards, but the mapping (which simplified locating households), the ease of travel in Korea, and the hard work of the interviewers made it possible.

Completed questionnaires were reviewed by other team members and then the supervisor. When a Dong, Eup, or Myeon sample was completed, the questionnaires were bundled up and mailed to the central office (no questionnaires were lost). The high level of communication between the central office and the team prevented problems and reinforced the importance of doing quality work. The supervisor was expected to notify the central office by telephone immediately if any problems arose or if the team changed areas. Most teams contacted the central office every two or three days. Also, the central office could locate a team by calling the local health center. Upon arrival in an area, the team informed the Health Center of their arrival and where they were staying. Any messages sent from the central office were delivered to the team the same day. By knowing the exact location of each team, the roving supervisors could plan trips that would cover several teams.

KCPS fieldwork went smoothly considering the number of problems that could occur. However, for future field efforts it may be useful to outline some of the problems encountered.

- Due to the sample selection procedure, houses were widely dispersed within the sample area. This required more effort to locate the household and more travel time between interviews. This problem was worst in Seoul.

- As in all survey efforts, the urban sample required significantly more recalls to complete an interview.
- All teams worked in Seoul before going out into the assigned provinces. Production was down in this area because interviewers went home in the evening. As a result it required time to get the teams together in the morning, and work ended promptly. This was not a problem outside Seoul.
- Due to the large volume involved, questionnaires had to be mailed to the local health center for pick-up upon arrival in the area. On a few occasions additional questionnaires had to be delivered by the roving supervisor.

- As expected, there were occasional problems using the registration lists to draw the sample households. Either the household could not be located or the name listed did not match the actual resident at the address. These problems were frequent enough to be inconvenient but not a major hindrance. Listings were updated and corrected where necessary.
- The original sampling fraction for the unmarried women sample proved to be too small; interviewers found too many households with no eligible respondents. The sampling fraction was increased and additional substitute households were drawn.

- The two month interview period caused a strain on the interviewers. Morale problems developed towards the end of the fieldwork because only one trip home (Seoul for most interviewers) was built into the schedule and budget. Interviewers were allowed on some occasions to go home for the weekend at their own expense. However, even under the trying conditions of fieldwork, only one interviewer resigned.
- Originally it was intended that field supervisors would do some coding in the field. However, this proved to be so time consuming (along with editing) that the supervisors were having problems carrying out their responsibilities of supervision. Thus, coding was dropped as a supervisor function.

2.4 Data Processing

When questionnaires were returned to the central office they were logged in and then a small staff of editors and coders began working on them. This staff was augmented, upon completion of fieldwork, by selected interviewers, who re-edited every questionnaire. Then completed questionnaires were coded. All re-

sponse were given a specific numeric, machine-readable value. Since all but two questions used precoded responses the work of the interviewers and coders was simplified. Codes were keypunched directly from the interview form. In the past, KIFP has coded responses onto separate transcription sheets. However, based on recommendations from Westinghouse and the use of a different keypunching organization, KIFP coded the responses onto specially designated areas on the questionnaire. This system has the advantage of reducing time, paperwork, transcription error, and simplifying the correction process. The disadvantages are that questionnaires are bulker than code sheets and that punching from questionnaires is a little slower than punching from transcriptions.

Keypunching was contracted out to a commercial service bureau. This group was able to handle the large volume in a reasonably short time at a reasonable cost. The service bureau returned the data tape to KIFP on July 6, 1979.

The next stage in data processing was the cleaning of the data tape. Using MINITAB, KIFP machine edited the data. First, a standard set of range checks was run. The errors found were corrected by reviewing the original questionnaires. Once these errors had been resolved a series of logical consistency checks between variables were run. Errors here were also corrected. At this point, the data tape was basically clean. A few additional errors, missed by the machine edit, were found by examining the marginal frequency distributions and preliminary cross tabulations.

In the analysis stage, KIFP used SPSS to generate over 300 basic tables. KIFP does not have in-house computer capabilities. A remote terminal and high-speed printer connected to a computer at the Korean Institute for Science and Technology (KIST) were used.

CHAPTER 3

HOUSEHOLD INFORMATION

3.1 Demographic Characteristics

3.1.1 Introduction

In addition to questions about contraceptive practices, the KCPS collected information on the household and vital events which occurred during the previous year. The household was defined on a "de jure" basis with sex, marital status, and vital event experiences collected on each household resident. The household information is used in KCPS for two purposes. The first is to do comparisons with other data sources to provide trend analysis for vital events. The second purpose is to identify all ever-married women, aged 15-49, in the sample household.

The observed unweighted total population was 92,744. The total weighted population was 92,230. Weighted figures are used in the age, sex, province, and marital status percentages presented in the following section.

3.1.2 Population Characteristics by Age and Sex

As presented in Table 3-1, there has been a decreased in the age groups 0-4 and a significant increase in the age group 35 years and over, between 1960 and 1979. These changes in composition are reflected in the population pyramids for 1960, 1970, and 1979 (See Figure III-1). The bellshaped pyramid, traditionally associated with developing countries, is giving way to a pattern more typical of advanced countries. That is, there is a greater proportion of the population in older age groups. Such a shift in population indicates that increasing attention to the problems of the aged in Korea may be necessary if this trend continues.

3.1.3 Population Characteristics by Province and Residence

The Age Dependency Ratio and the Child-Woman Ratio were used to compare the specific characteristics of population by province and residence. According to Table 3-2, the age dependency ratio of the national population is 68.5. This is a slight decline from the 1975 ratio of 71.1.[1] There continues to be a significant

1) Sawon Hong, "Korean Population and Population Policy", Korean Development Institute, 1978.

difference in this ratio for urban and rural residents. The lower age dependency ratio for urban areas reflects the relatively high proportion of the population which is in economically active age group.[2] One the other hand the higher age dependency ratio for rural areas is related to a high rate of outmigration on the part of

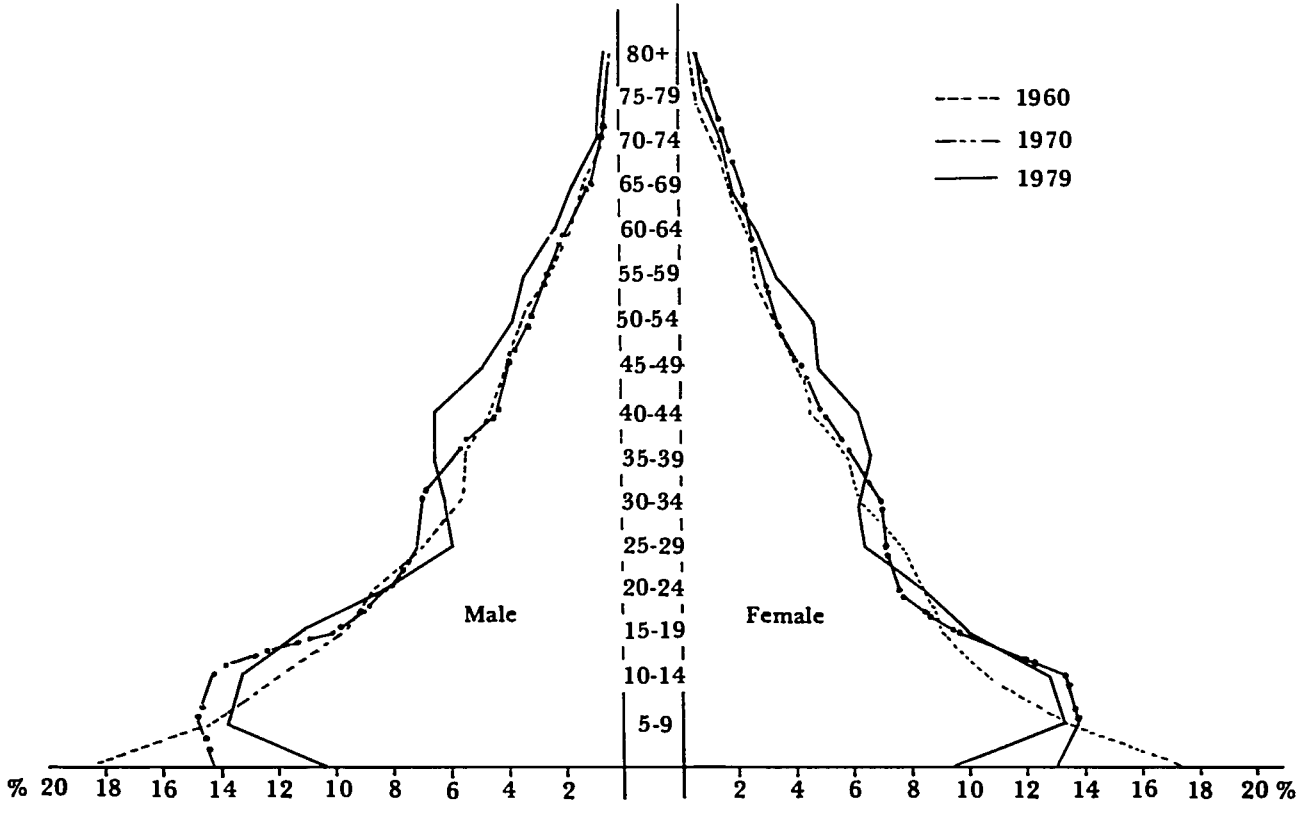
Table 3-1. Percent Distribution of the Population of Korea by Age and Sex, 1960-1979

Age	Male (Percentage)				Female (Percentage)			
	1960[1] Census	1970[2] Census	1975[3] Census	1979[4] Survey	1960[1] Census	1970[2] Census	1975[3] Census	1979[4] Survey
0-4	18.2	14.1	12.8	10.5	17.4	13.3	12.0	9.7
5-9	14.3	14.9	13.2	13.8	13.3	13.9	12.5	13.2
10-14	11.9	14.4	13.4	13.3	10.8	13.5	12.6	12.8
15-19	9.8	10.0	12.0	11.1	9.1	9.7	11.5	9.9
20-24	8.9	8.2	9.0	8.3	8.6	7.8	8.6	8.5
25-29	6.9	7.0	7.3	6.0	7.7	7.1	7.2	6.5
30-34	5.6	7.0	6.5	6.3	6.3	7.0	6.3	6.3
35-39	5.5	5.8	6.4	6.6	5.8	6.0	6.3	6.7
40-44	4.6	4.4	5.1	6.5	4.5	4.9	5.4	6.2
45-49	4.0	4.0	3.8	4.9	4.1	4.2	4.4	4.8
50-54	3.3	3.2	3.4	3.9	3.3	3.3	3.6	4.8
55-59	2.4	2.6	2.6	3.3	2.7	2.9	2.8	3.4
60-64	1.9	1.9	1.9	2.3	2.4	2.3	2.3	2.6
65-69	1.3	1.2	1.3	1.5	1.8	1.6	1.9	1.9
70-74	0.8	0.8	0.7	0.9	1.2	1.2	1.2	1.4
75-79	0.4	0.4	0.4	0.5	0.6	0.7	0.8	0.9
80+	0.2	0.2	0.2	0.3	0.4	0.5	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: 1) Korean Institute for Family Planning, Statistics on population and Family Planning in Korea, Vol. 1, 1978.
2) Economic Planning Board, 1970 Population and Housing Census Report, Vol. I. 12-1, *op. cit.*, 1973.
3) Economic, Planning Board/Bureau of Statistics, 1975 Population and Housing Census Report, Vol. 1, 12-1, 1977.
4) Korean Contraceptive Prevalence Survey.

2) Hyun-sang Moon, Hongsook Kim, "Rural to Urban Migration and Migrant's Fertility in Korea," KIFP, 1979.

Fig. III-1. Population Composition by Age and Sex: 1960, 1970 and 1979



the younger generation. The reasons for rural outmigration are complex, involving such factors as occupation and education. The contrast in age group composition for urban and rural areas is presented graphically in Figure III-2.

Table 3-2. Age Dependency Ratio and Child-Woman Ratio by Residence and Province: 1979

Residence & Province	Age Dependency* Ratio	Proportion** Female 15-44	Child-Woman*** Ratio
National	68.5	.44	412
Urban	60.5	.50	400
Rural	78.7	.37	422
Seoul	56.3	.51	381
Busan	60.7	.46	408
Gyeonggi	63.8	.50	376
Gangwon	74.3	.40	422
Gyeongbuk	78.9	.37	345
Chungnam	72.8	.39	336
Jeonbuk	81.8	.37	334
Jeonnam	88.5	.35	365
Gyeongbuk	69.3	.43	337
Gyeongnam	89.0	.41	352

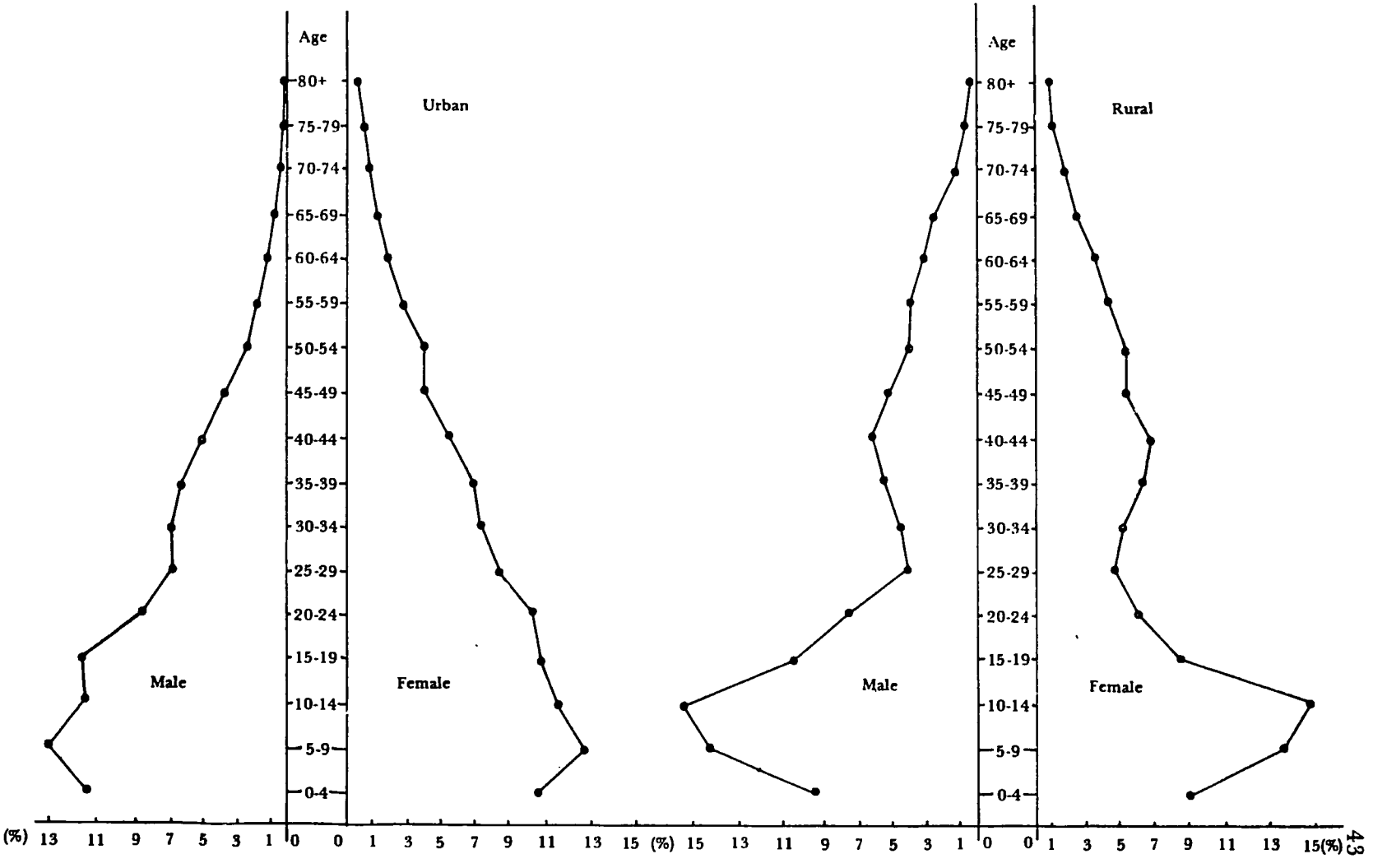
$$*\text{Age Dependency Ratio} = \frac{P_{0\text{-}14} + P_{65+}}{P_{15\text{-}64}} \times 100$$

$$**\text{Proportion of Females} = \frac{F_{15\text{-}44}}{F}$$

$$***\text{Child-Woman Ratio} = \frac{P_{0\text{-}4}}{W_{15\text{-}49}} \times 1000$$

Examining the ten provinces, Seoul has the lowest age dependency ratio, and Gyeongnam has the highest. Seoul, Busan and Gyeonggi, from the lower part of Korea, have dependency ratios similar to the one shown in Table 3-2 for urban residents. The population composition for these provinces resembles the urban pyramid presented to Figure III-2. The other provinces, from the upper part of Korea, have age dependency ratios closer to the rural level, and population pyramids resembling the rural are group distribution in Figure III-2.

Fig. III-2. Population Composition by Residence



The 1979 child-woman ratio has declined by close to 100 points, compared ratios has also changed significantly. In 1976 the difference was 135 points; in 1979, it was only 22 points. The highest provincial child-woman ratios are found in Busan and Gangwon. The child-woman ratios for the other provinces are lower than both the overall urban or rural ratios.

3.1.4 Population Characteristics by Marital Status

One of the basic variables that influences fertility is marital status. The time trend for marital status of the population aged more than 15 is shown in Table 3-3. From 1970 to 1975, there are some increase in the percent of single *vis a vis* decrease of current married in both sexes. It means that rising of age at marriage during the time. But from 1975 to 1979, it looks like come back to the distribution of percentage of marital status in 1970. However, there is some increase significantly in the percent of divorce or separation and widowed in 1979.

Table 3-3. Marital Status of Population Aged 15 Years and Over

Marital status	Male				Female			
	1960[1)]	1970[2)]	1975[3)]	1979[4)]	1960[1)]	1970[2)]	1975[3)]	1979[4)]
Single	36.4	37.4	40.7	35.9	22.7	24.9	28.5	25.1
Current-married	60.0	59.8	57.0	61.0	60.7	59.1	57.1	59.3
Widowed	3.0	2.4	1.9	2.3	15.7	15.2	13.8	14.3
Divorced	0.6	0.4	0.3	0.8	0.9	0.9	0.7	1.3

Source: 1) EPB, 1960 Population and Housing Census Report, Vol. 1, 1963.
2) EPB, 1970 Population and Housing Census Report, Vol. 1, 1973.
3) EPB, 1975 Population and Housing Census Report, Vol. 1, 1977.
4) The Korean Contraceptive Prevalence Survey.

And the proportion of currently married males increased substantially between 1975 and 1979.

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3) Byungtae park, et al, "1976 National Fertility and Family danni evaluation survey" KIFP, 1979.

3.2 Birth Level

3.2.1 Introduction

In measuring fertility, both cohort fertility and current fertility can be used. However, the vital statistics presently available for assessing fertility in Korea are not sufficiently reliable. Therefore, the measurement of fertility must come from special surveys, with cohort fertility measured from pregnancy histories, and current fertility status obtained by determining the number of live births occurring in the last one year.

The demoninator used to measure current fertility was obtained from the KCPS household survey. KCPS did not do a pregnancy history because it is complicated to get accurate information. Therefore, cohort analysis is not attempted, and only current fertility level and fertility patterns are measurable. This methodological approach has been frequently used in Korea.

Since pregnancy history was not asked, the reporting accuracy of births occuring in the last year could present a problem. To minimize any response or data processing errors, ever-married women aged 15-49 were asked a series of questions on whether they were ever-pregnant, current pregnancy status, year of last pregnancy termination, termination status. The reference period for the last year was based on January 1st in the Lunar Calendar, which is readily recognized by Korean women regardless of socioeconomic status. If birth occurred after the Lunar New Year (Surnal), which is Feb. 7 in Western Calender every event was covered in the survey. In cutting off the date of birth for exact last one year, the survey covered vital events occuring for about fifteen months prior to the date of interview. Since field operations occurred over a two-month period, the term "last one year" could be considered ambiguous. However, the events to be counted were determined by edit procedures, which is from March 1st 1978 up to February 28th 1979. Only those events falling within a one year period prior to the specific date of interview were included. On the other hand, household information such as age, sex, and marital status were probed to verify accuracy. For the calculation of various rates, the denominator is based upon the situation at the midpoint of the time interval involved.

The 1979 fertility level estimate is based on 19,768 households with a weighted total of 92,230 residents, of which 14,983 were women, and 1,714 reported births. The difference between observed and weighted values can be seen in Table 3-4.

Table 3-4. Observed and Weighted Result of Ever-married Women and Births: 1979

Women's Age (Years)	Observed			Weighted		
	Women Enumerates	Ever Married Women	Births	Women Enumerates	Ever Married Women	Births
15-19	4,453	73	37	4,549	72	34
20-24	3,590	1,281	549	3,903	1,335	564
25-29	2,698	2,442	703	2,980	2,654	740
30-34	2,719	2,683	266	2,889	2,835	270
35-39	2,999	2,982	95	3,072	3,047	84
40-44	2,900	2,897	24	2,841	2,837	20
45-49	2,313	2,309	2	2,207	2,203	2
Total	21,672	14,667	1,676	22,441	14,983	1,714

Assessing a number of variables related to the crude birth rate (Table 3-5), there is a consistent deline in the fertility level between 1966 and 1979. With a 1979 crude birth rate of 19 and a crude death rate of 5, the population growth rate is currently estimated (using the weighted data) to be 1.4 percent. Socio-economic development and improved maternal and child health have played a role in the decline of infant mortality. One indicator of the improvement in maternal and child health is that in 1978, a midwife or physician attended 56 percent of all normal births, compared to only 22 percent in 1970.[4)]

The crude birth rate in 1966 was 36, and it has declined to 19 by 1979. This is a decline of 47 percent over a 13 year period. The total fertility rate declined from 5.4 to 2.6 or 52 percent over the same period. Based upon the 1979 total fertility rate, the fertility or Korean women appears to be faster than earlier forecasts of a Korean TFR of 2.9 for 1981.[5)]

3.2.2 Age Specific Fertility Rate and Age Specific Marital Fertility Rate

The crude birth rate does not given a precise level of fertility because it depends upon the age structure of a given population. The Age Specific Fertility Rate (ASFR), on the other hand, can be used to indicate the level of fertility for any

4) Korean Contraceptive Prevalence Survery.

5) Kap Suk Koh, *et al.*, "Longterm Plan for Korean Family Planning; 1977-1991", KIFP, 1978.

Table 3-5. Estimated Crude Birth Rates, Crude Death Rates, Infant Mortality Rates, and Total Fertility Rates between 1966 and 1979

Year	Crude Birth Rate (CBR)	Crude Death Rate (CDR)	Infant Mortality Rate (IMR)	Total Fertility Rate (TFR)
1966[1)]	36	8	58	5.4
1971[2)]	28	8	43	4.7
1974[3)]	27	7	–	3.6
1976[4)]	24	–	–	3.2
1979[5)]	19	5	19*	2.6

* Infant death rate = $\frac{\text{No. of Death in last year}}{\text{No. of Births in last year}}$

Source: 1) E.H. Choe and J.S. Park, Some Findings from the Special Demographic Survey, 1966.
2) H.S. Moon, *et al.*, Fertility and Family Planning An Interim Report on 1971 Fertility Abortion Survey, 1972.
3) E.H. Choe and S.K. Kong, Changing Fertility and Patterns of Contraceptive Use. KIFP, 1977.
4) B.T. Park, *et al.*, The 1976 National Fertility and Family Planning Evaluation Survey, KIFP, 1979.
5) The Korean Contraceptive Prevalence Survey.

population structure. Table 3-6 presents time-trend data for ASFR.

Since 1966 the fertility rate for every age group has declined. The extent of the decline varies by age group. The ASFR's for women 30 and over declined faster than those for the age groups below 29. The general pattern is for Korean women to have two children between the ages of 20 and 29, and possibly one child at age 30 or later.

Examining the time trend for age specific marital rates (see Table 3-7), every age group has had a decline in the fertility rates except for the 20-24 age group. After age 30 there is a significant drop in fertility due to the use of contraception and induced abortion.

Table 3-6. Trend in Age Specific Fertility Rates, 1966-1979

Women's Age (Years)	1966[1)]	1971[2)]	1974[3)]	1976[4)]	1979[5)]
15-19	15	16	11	10	8
20-24	205	188	159	147	145
25-29	380	341	275	275	248
30-34	242	234	164	142	94
35-39	150	124	74	49	27
40-44	58	41	29	18	7
45-49	7	3	3	1	1
T.F.R.	5.4	4.7	3.6	3.2	2.6

Source: Same as Table 3-5.

Table 3-7. Trend in Age Specific Marital Fertility Rate, 1966-1979

Women's Age (Years)	1966[1)]	1971[2)]	1974[3)]	1976[4)]	1979[5)]
20-24	417	412	354	391	424
25-29	376	374	306	272	282
30-34	259	237	167	136	97
35-39	177	125	74	54	29
40-44	79	41	29	20	8

Source: 1) J.S. Park, Some Findings from the Special Demographic Survey, 1966.
2) H.S. Moon, *et al.*, Fertility and Family Planning: An Interim Report in 1971 Fertility-Abortion Survey, 1972.
3) EPB/KIFP, Korean Fertility Survey Report, 1976.
4) KIFP, The 1976 National Fertility and Family Planning Evaluation Survey, 1979.
5) The Korean Contraceptive Prevalence Survey

* $\text{ASMFR} = \dfrac{\text{Births in Current Married Women Aged 20-44}}{\text{Current Married Women Aged 20-44}} \times 1000$

Note: There are only few cases of birth in aged under 20 years old and over 45 years old women in Korea. Therefore it is missed to calculated ASMFR because these births affect so largely to increase fertility level of total currently married women.

3.2.3 Fertility Level by Province and Residence

According to Table 3-8, fertility for rural areas is higher than that for urban areas, but the rate of decline is greater for rural areas. In 1966, the urban TFR was 3.7, decreasing to 2.4 in 1979, a decline of 35 percent. On the other hand, the rural TFR was 6.5, decreasing to 3.1 a decline of 52 percent. The urban TFR of 2.4 means that urban fertility is approaching "replacement level", while rural fertility although experiencing a rapid change is still a source of population growth. The trends are in line with many changes in the social and economic circumstances of rural Korea. GNP has increased, television is more diffused than in the past, the general level of enducation has increased, and family planning supplies and services are more available.

Figure III-3 presents urban and rural fertility levels by age group over the period 1966-1979. Until 1974, urban and rural fertility patterns by age differed. In recent years, especially in 1979, both urban and rural fertility patterns are skewed to the left, indicating higher fertility rates among women less than 30 years old, compared to women 30 years and over.

According to Table 3-9, the provinces of Jeonbuk and Jeonnam have the highest

Table 3-8. Trends of Fertility Level (ASFR) by Residence

Women's Age (Years)	Urban				Rural			
	1966[1)]	1971[1)]	1974[1)]	1979[2)]	1966[1)]	1971[1)]	1974[1)]	1979[2)]
15-19	4	3	6	6	16	9	16	9
20-24	119	166	135	138	243	211	192	156
25-29	278	316	262	230	424	363	298	289
30-34	209	196	129	82	284	266	206	115
35-39	92	91	42	20	228	144	103	37
40-44	48	29	13	3	96	49	41	1
45-49	8	–	2	1	12	4	4	1
TFR	3.7	4.0	2.9	2.4	6.5	5.2	4.3	3.1

Source: 1) KIFP, B.T. Park, *et al.*, The 1976 National Fertility and Family Planning Evaluation Survey.
2) The Korean Contraceptive Prevalence Survey.

Figure III-3. Trend in Fertility level by Residence.

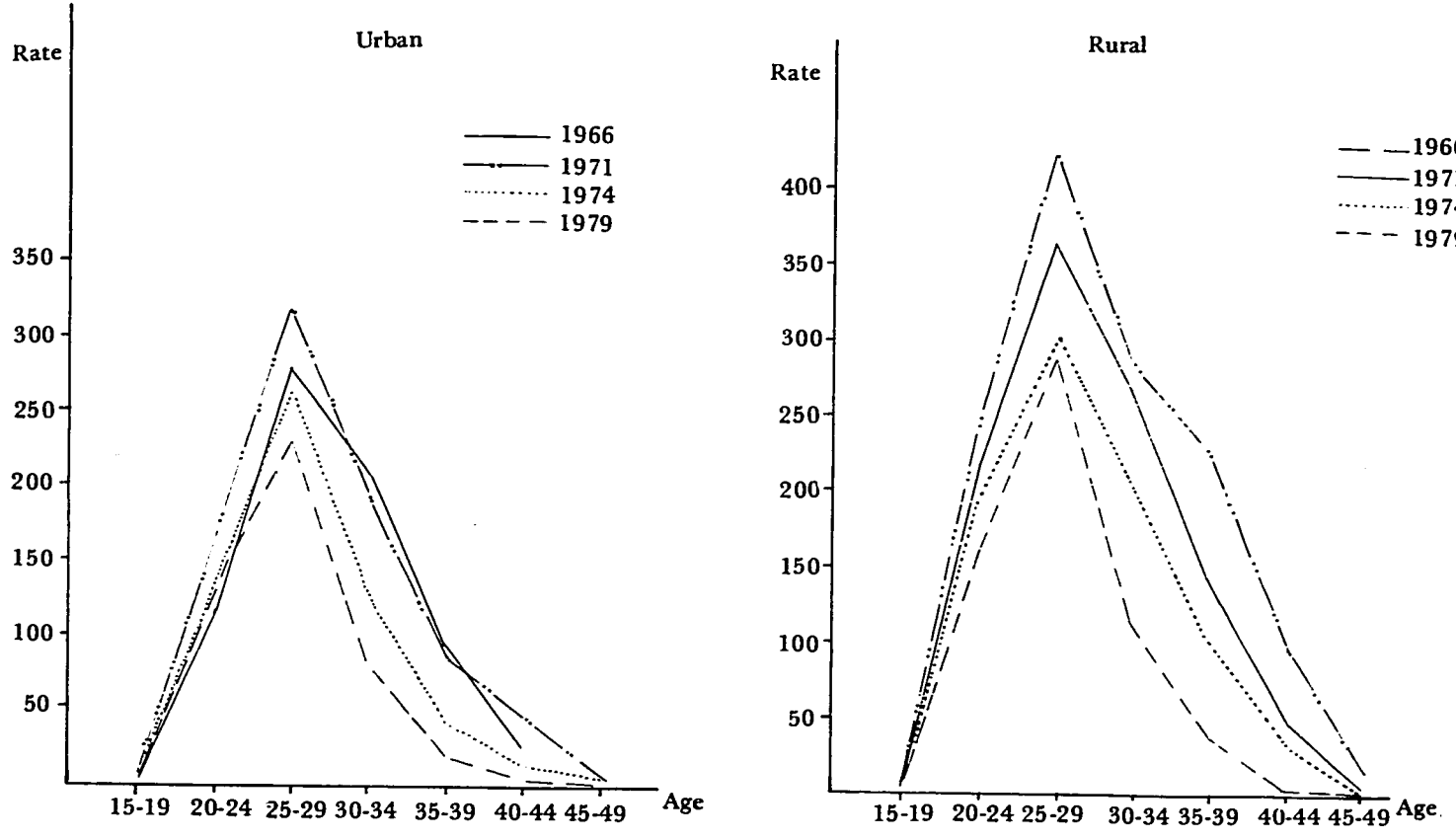


Table 3-9. Fertility Level by Province: 1979

Age	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
15-19	7	6	14	16	9	10	11	–	5	6
20-24	137	161	127	186	162	134	170	149	165	179
25-29	229	253	170	260	265	320	320	317	219	266
30-34	74	76	89	98	103	109	97	146	82	103
35-39	18	30	16	42	38	31	55	35	29	29
40-44	4	8	8	10	3	7	12	21	–	11
Total Fertility Rate	2.3	2.7	2.1	3.1	2.9	3.1	3.3	3.3	2.5	3.0
General Fertility Rate	77.2	84.6	68.7	77.6	75.2	78.8	79.2	79.3	69.1	82.7
Crude Birth Rate	21.4	23.3	17.4	17.0	15.8	16.9	17.1	16.3	16.6	19.4
*Standardized Crude Birth Rate	16.6	18.9	15.2	21.8	20.5	21.2	23.3	22.9	17.8	21.0

* It is standardized based on the age structure of Surveyed national population.

total fertility rates. Gyeonggi Province shows the lowest rate, followed by Gyeongbuk and Busan. Fitting each province's age specific rates to the age composition of the national population from this survey, Gyeonggi's standardized crude birth rate of 15.2 is still the lowest of all ten provinces, and Jeonbuk still has the highest.

3.3 Death Levels

3.3.1 Introduction

The measurement of deaths was handled in the same manner as births to develop aggregate figures. However, because death events were more likely to be overlooked than birth events, and the total number of cases is small, there are statistical limitations to the data reported. Infant mortality rates and aggregated age specific death rates are discussed below.

3.3.2 Death Rate by Age and Residence

Returning to Table 3-5, it can be seen that the infant mortality rate, which has declined, tends to reflect general health conditions for a particular area; the infant mortality rate was 43 in 1971, compared to 19 in 1979. As previously noted, 22 percent of all deliveries were under medical supervision in 1970, compared to 56 percent in 1978. The differences between urban and rural crude death rates

and infant mortality rates are considerable. The urban CDR is 3.5 compared to the rural CDR of 6.0. The urban infant mortality rate is 14.4, and the rural infant mortality rate is 26.7. For other age groups, there is no urban/rural difference in mortality for the age group 0-14 years but for the age group 15-64 years the rural death level is about two times the urban level (Table 3-10).

Table 3-10. Estimated Crude Death Rates by Age and Residence

Age (Years)	National			Urban			Rural		
	Population	Number of Deaths	Crude Death Rate	Population	Number of Deaths	Crude Death Rate	Population	Number of Deaths	Crude Death Rate
Infant Death Rate	1,714	33	19.3	1,041	15	14.4	673	18	26.6
0-14	33,807	53	0.6	17,306	25	0.6	16,501	29	0.6
15-64	54,739	202	3.6	30,740	83	2.7	24,004	119	5.0
65+	3,684	177	48.0	1,291	66	51.1	2,391	111	46.4

Infant Death Rate : $\frac{\text{Deaths of under 1 years old in last year}}{\text{Births in last year}} \times 1000$

Population is age-specific surveyed population.

3.3.3 Distribution of Cause of Death : 1978

At the national level, 82.4 percent of all deaths were caused by disease and 8.6 percent by accidents, 0.9 percent by maternal death, and other causes accounted for 8.0 percent. Accidental deaths were somewhat higher in urban areas, and maternal deaths somewhat higher in rural areas.

Table 3-11. Causes of Death at the National, Urban and Rural Levels, 1978

Cause	National	Urban	Rural
Accident	8.8	9.9	7.8
Disease	82.4	81.3	83.1
Maternal	0.9	0.6	1.2
Other	8.0	8.2	7.8
Total	100.0	100.0	100.0
(N)	(426)	(171)	(255)

CHAPTER 4

GENERAL CHARACTERISTICS OF KCPS RESPONDENTS

4.1 Age Distribution of Respondents

Background information such as education, age, employment and residence were collected in the KCPS from women selected for interview. A brief description of the respondent population (ever married women 15-49 years of age) is presented to simplify comparison and understanding of the data from KCPS.

Age data is a key variable in the analysis of fertility and family planning. The distribution of the respondents by age and residence is shown in Table 4-1.

Table 4-1. Percent Distribution of Weighted Respondents by Age and Residence

Age	All Korea	Large Cities	Other Cities	Rural
15-19	0.4	0.4	0.3	0.6
20-24	9.0	9.4	10.6	7.6
25-29	17.7	21.6	19.3	13.7
30-34	19.1	21.6	20.9	16.1
35-39	20.5	20.2	20.3	20.9
40-44	19.1	16.4	16.8	22.5
45-49	14.0	10.4	11.3	18.6
Total	100.0	100.0	100.0	100.0
(N)	14,586*	4,798	3,634	6,153
Mean Age	35.2	34.1	34.4	36.6

* 397 women are missed in individual questions because of incompleted interview or other reasons.

As can be seen in Table 4-1 a large proportion of the women are in the peak fertility ages of 25-34 years especially in urban areas. The rural population tends to be somewhat older than their urban counterparts.

The age group 40-44 has the highest proportion in rural areas (22.5 percent) than any other age group. Reviewing the respondents by provinces, Seoul and

Table 4-2. Percent Distribution of Respondents by Age and Residence

Age	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
15-19	0.4	0.5	0.7	0.7	0.5	0.2	0.4	0.6	0.3	0.4
20-24	9.3	9.5	9.6	9.0	8.4	7.2	8.1	7.7	8.9	9.4
25-29	21.7	21.4	16.9	14.8	14.7	15.6	13.4	13.4	16.3	17.2
30-34	22.2	20.3	16.9	15.3	17.0	19.5	18.8	16.4	18.8	18.4
35-39	20.3	19.9	20.7	22.2	21.1	19.7	17.7	23.0	20.9	19.8
40-44	16.4	16.3	19.7	21.8	21.3	21.5	23.5	20.5	20.5	18.1
45-49	9.7	12.1	15.7	16.1	17.0	16.3	17.9	18.3	14.2	16.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	1,553	1,554	1,506	1,382	1,332	1,290	1,402	1,331	1,432	1,514
Mean	34.0	34.4	35.4	36.0	36.1	36.9	36.4	36.0	35.5	38.2

Busan which are totally urban show the lowest mean age while Gyeongnam Province shows the highest mean age (38.2).
Jeonnam Province (18.3 percent) has the highest proportion in the older age group (45-49) a proportion two times as that of Seoul City.

4.2 Educational Distribution of Respondents

The percent distribution of the respondents is shown in Table 4-3. As would

Table 4-3. Percent Distribution of Respondents by Educational Level

Completed Level of Education	All Korea	Large Cities	Other Cities	Rural
No schooling	13.0	5.0	7.4	22.5
Primary	47.6	34.5	45.1	59.4
Middle	21.2	26.6	27.4	13.3
High	14.4	25.6	16.7	4.3
College	3.8	8.3	3.5	0.6
Total	100.0	100.0	100.0	100.0
(N)	14,581*	4,795	3,634	6,152

* 5 cases are missed because of no answer.

be expected, the large cities have a higher proportion who have completed high school and college than other cities and rural area.

Seoul has the highest educational level as shown in Table 4-4. Chungbuk Province shows the lowest level educational attainment with about 81 percent of respondents of the province having completed less than primary school level.

Table 4-4. Percent Distribution of Educational Level by Province

Education	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
No Schooling	3.9	8.0	9.6	19.8	20.7	15.9	25.4	20.9	12.4	23.1
Primary	30.9	44.0	55.8	57.1	60.0	57.9	51.0	57.5	52.5	48.1
Middle	25.8	28.6	23.6	15.7	12.3	16.4	15.0	13.1	20.6	19.2
High	29.2	15.8	10.0	6.4	5.9	7.8	7.4	7.4	10.5	8.5
College	10.2	3.5	1.0	0.9	1.1	2.0	1.1	1.2	3.1	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	1,553	1,554	1,506	1,382	1,332	1,290	1,402	1,331	1,432	1,511

Educational level by age of respondents can be seen in Table 4-5. As can be seen educational levels is negatively correlated with age.

Table 4-5. Completed Educational Level by Age of Respondent

Completed Educational Level	Age (Years)	
	-29	30+
No schooling	2.2	17.0
Primary	39.1	50.8
Middle	32.1	17.1
High	21.3	11.8
College	5.2	3.3
Total	100.0	100.0
(N)	3,948	10,633

* 5 cases are missed because of no answer.

If respondent's age is above 30, approximately two thirds of them have a lower educational background, namely primary school or less. This means only one third of them have completed middle school or above.

4.3 Economic Activity Status

There were questions included on the KCPS which attempted to collect information on the respondents economic activity status.* Some effort was made to identify occupation as well as general labor force participation. However, there are considerable response biases in these data. The user should exercise some caution in putting too much emphasis on any one of the more detailed occupational classifications.

Table 4-6. Percent Distribution of Economically Active Respondents by Residence: 1979

Occupation	All Korea	Large Cities	Other Cities	Rural
Non-Traditional	13.5	17.7	16.4	8.5
Traditional	86.5	82.3	83.6	91.5
Total	100.0	100.0	100.0	100.0
(N)	14,567	4,788	3,631	6,148

As can be seen in Table 4-6, most Korean women are still involved in traditional economic activities like being a housewife or an agricultural laborer. These activities do not represent any conflict with traditional fertility practices, so declines in Korean fertility can be expected to continue as women become more involved in non-traditional economic activities (professional, administrative, clerical, sales, management, and service).

Reviewing the economic activity by broad age group of the respondents (see Table 4-7), the younger the age of the respondents, the lower the level of economic activity.

The distribution of economic activity of respondents by province (Table 4-8) shows little variety in occupation. Seoul and Busan have more sales and service workers while rural provinces have more agricultural workers.

Note: In this survey Economic activity is defined such as respondent do any work for the households economy except housewife's work.

Table 4-7. Distribution of Economically Active Respondents by Broad Age Group: 1979

Occupation	Age (Years)	
	−29	30+
No activity	77.1	58.7
Prof., Adm. & Manag.	1.2	1.2
Clerical	0.8	0.8
Sales & Service	6.9	13.2
Agr., Fish. & Forest	6.7	17.1
Skilled*	2.6	5.0
Unskilled*	2.6	3.9
Total	100.0	100.0
(N)	3,944	10,623

*Footnote: Skilled occupation means regularly employee and Unskilled means temporary employee in this table.

Table 4-8. Percent Distribution of Economic Activity of Respondents by Province: 1979

Occupation	Seoul*	Busan*	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
No occupation	77.4	70.6	63.3	49.9	85.2	58.0	38.1	65.4	53.0	52.9
Professional	2.7	0.8	0.5	0.6	0.8	0.6	0.7	0.5	1.1	0.6
Clerical	1.4	0.9	0.9	0.3	0.7	0.6	0.4	0.2	0.6	0.5
Sales & service	12.7	18.4	12.5	7.8	6.7	9.6	10.4	6.5	13.6	7.6
Agriculture	–	0.1	12.0	32.1	2.9	25.3	40.2	22.2	23.3	26.9
Skilled	3.7	6.3	6.8	5.5	2.6	2.7	5.2	2.5	4.3	3.3
Unskilled	2.1	2.9	3.9	3.8	1.3	3.2	5.0	2.8	4.1	8.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	1,549	1,552	1,504	1,382	1,332	1,290	1,400	1,330	1,430	1,513

4.4. The Marital Characteristics of the Respondents

Among the ever-married women covered in the KCPS, 94.2 percent of them were currently married, while 5.8 percent were widowed, divorced or separated (Table 4-10). There were relatively few currently married women in the age groups 15-19 and 20-24 due to the high age at first marriage which is 23 years in Korea.[1)]

Table 4-9. Percent Distribution of Respondents by Age and Marital Status

Age	Total	Currently Married	Widowed, Divorced & Separated
15-19	100.0	98.8	1.2
20-24	100.0	99.4	0.6
25-29	100.0	99.1	0.9
30-34	100.0	97.7	2.3
35-39	100.0	94.4	5.6
40-44	100.0	90.4	9.6
45-49	100.0	84.8	15.2
Total	100.0	(94.2%)	(5.8%)
(N)	14,586	13,740	846

1) Heungtak Lee, Daewoo Han, "A study on relationship age at marriage and fertility in Korea", KIFP, 1978.

CHAPTER 5

PREGNANCY AND FERTILITY BEHAVIOR

5.1 Pregnancy Prevalance

5.1.1 The Status of Current Fertility

To evaluate the effects of family planning programs, a time trend of changing pregnancy status and fertility behavior is a common tool used to monitor declining fertility. This chapter deals with pregnancy status, birth delivery, children ever-born, and pregnancy exposure status.

KCPS shows (Table 5-1) that about 6.7 percent of ever-married women, 15-49 years old are currently pregnant. Until 1974 rural areas had a higher proportion of currently pregnant than urban areas. However, the 1976 and 1979 surveys show that smaller cities now have higher rates than large cities and rural areas. Rural areas have experienced a decline in part due to the changing age structure and general declines in fertility.

Table 5-1. Percent of Ever-Married Women (15-49) Currently Pregnant by Residence, 1974-1979

Year	All Korea	Large Cities	Other Cities	Rural
1974[1)]	10.0%		10.0%*	11.0%
1976[2)]	8.7	8.4%	9.6%	8.5
1979[3)]	6.7	7.4	7.9	5.4

* Urban average.

Source: 1) KIFP/BOS, The Korean National Fertility Survey, 1977.

2) B.T. Park, *et al.*, The 1976 National Fertility and Family Planning Evaluation Survey, KIFP, 1977.

3) The Korean Contraceptive Prevalence Survey.

According to the Table 5-2, 43 percent of all currently pregnant women (976 cases) are in the age group 25-29 and 78 percent of all currently pregnant belonged to the age group 20-29. The highest current pregnancy rate can be seen in age group 20-24. After age 30, the current pregnancy rate declines. Korean women begin to terminate their childbearing in their early thirties.

5.1.2 Total Number of Pregnancies, Live Births, and Number of Living Children

Mean number of pregnancies, live births and living children are shown in Table 5-3.

Table 5-2. Age Distribution of the Currently Pregnant: 1979

Age	Number of Women	%	Number of Women Currently Pregnant	Pregnancy Rate*	Distribution of Currently Pregnant
15-19	65	0.4	15	23.1	1.5
20-24	1,307	9.0	342	26.2	35.0
25-29	2,579	17.7	420	16.3	43.0
30-34	2,787	19.1	150	5.4	15.4
35-39	2,996	20.5	34	1.1	3.5
40-44	2,781	19.1	9	0.3	0.9
45-49	2,071	14.2	5	0.2	0.5
Total	14,586	100.0	975	6.7	100.0

*Pregnancy Rate $= \frac{P_i}{Wi} \times 100$

Where P_i = women currently pregnant at *i*th age group

w_i = women at *i*th age group

Table 5-3. Mean Number of Pregnancies, Live Births and Living Children by Residence: 1979

Category	All Korea	Large Cities	Other Cities	Rural
Pregnancies	4.6	4.2	4.5	5.0
Live Births	3.3	2.6	3.0	4.0
Living Children	3.1	2.5	2.8	3.8

By and large, urban women have more pregnancy wastage than rural women as seen in the bigger gap between pregnancies and live births. Controlling other factors, the residences in urban and rural areas does not seem to influence the survivorship of births. As will be seen later, the use of abortion in urban areas marks the major difference between urban and rural pregnancy experience.

Reviewing the same events by provinces, Seoul and Busan have the lowest mean number of pregnancies, live births and living children (Table 5-4). Jeonbuk

Table 5-4. Mean Number of Pregnancies, Live Births, and Living Children by Province: 1979

Category	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
Pregnancies	3.3	3.5	3.8	4.0	4.0	3.8	4.4	4.4	3.8	3.8
Live Births	2.6	2.8	3.3	3.7	3.9	3.7	4.1	4.1	3.4	3.6
Living Children	2.5	2.7	3.1	3.5	3.6	3.5	3.9	4.0	3.2	3.4

Table 5-5. Mean Number of Pregnancies, Live Births, and Living Children by Educational Level of Women: 1979

Education	Pregnancies	Live Births	Living Children
No schooling	5.9	5.0	4.5
Primary school	4.9	3.7	3.4
Middle school	4.0	2.5	2.4
High school	3.6	2.2	2.1
College +	3.4	2.0	2.0

and Jeonnam provinces have the highest numbers. As can be seen from the differences in the means in Table 5-3, rural areas have higher fertility, lower pregnancy wastage, and equal birth survivorship when compared to the urban areas (i.e., Seoul and Busan).

The fertility, as measured by the variables in Table 5-5, show the expected positive correlation.

Unlike the educational level of women, the fertility variables do not show a clear relationship when examined (Table 5-6) probably due to the effects of education, age and parity. It should also be noted that the occupational categories with the lowest mean number of pregnancies represent a fairly small proportion of women, resulting in limited demographic impact.

Table 5-6. Mean Numbers of Pregnancies, Live Births, and Living Children by Occupation of Korean Women: 1979

Occupation	Pregnancies	Live Births	Living Children
No activity	4.4	3.0	2.9
Pro., Adm., & Manag.	3.5	2.3	2.2
Clerical	3.9	2.5	2.3
Sales & service	4.9	4.3	3.1
Agriculture, Fishing & Forestry	5.4	4.5	4.2
Skilled	4.8	3.4	3.2
Unskilled	4.8	3.6	3.4

5.1.3 The Results of the Latest Pregnancy and Delivery

A total of 2,937 pregnancy terminations took place in the period from January 1, 1978 to December 31, 1978. To understand changes in patterns of fertility it is important to review the outcomes, particularly by pregnancy intention (pregnancy wanted or not wanted), place of delivery, and persons assisting in the delivery.

Of the pregnancies terminating in 1978, 51.8 percent were normal deliveries, 43.3 percent were induced abortions, 4.6 percent were spontaneous abortions, and stillbirths were 0.4 percent.

Reviewing the data by place of residence, there were proportionally many more normal deliveries in rural areas than urban areas. For induced abortion, small cities show the highest proportion. There was little difference between areas in the rates of spontaneous abortion.

Table 5-7. Outcomes of Pregnancies Occuring in the Previous Year

Pregnancy Outcomes	National	Large Cities	Other Cities	Rural
Live birth	51.8	50.5	48.7	55.3
Induced abortion	43.3	44.3	46.7	39.8
Spontaneous abortion	4.6	5.2	4.2	4.2
Still birth	0.4	–	0.4	0.7
Total	100.0	100.0	100.0	100.0
(N)	(2,937)	(1,018)	(825)	(1,094)

When pregnancy outcomes were related to pregnancy intention, 89.7 percent of the outcomes of desired pregnancies were normal (Table 5-8). It was very interesting that the level of induced abortion was 3.6 percent among desired pregnancies. These abortions probably occurred when the mother's health was very bad or when there were strong reasons for not having the children.

When pregnancy was not desired, 88.5 percent of all unwanted pregnancies were terminated in induced abortion, and 8.6 percent resulted in normal deliveries. While it is unfortunate that undersired pregnancies must be terminated by abortion, it is more unfortunate that these unwanted pregnancies were not prevented through the use of family planning services.

Looking at the differences in pregnancy outcomes, women in smaller cities had the highest level of induced abortion (5.9 percent) for desired pregnancy, and 92 percent of unwanted pregnancies. Rural women have more live births (as a function of less use of abortion) than urban women even when they did not want the pregnancy (Table 5-8). While there are some differences by place of residence it appears that induced abortion is widely available throughout Korea.

Table 5-8. Pregnancy Outcome Status by Pregnancy Intention: 1978-1979

Residence	Wanted			Not Wanted		
	Live Births	Induced Abortions	Still Births	Live Births	Induced Abortions	Still Births
National	89.7	3.6	6.6	8.6	88.5	2.9
Large Cities	89.2	3.4	7.4	5.7	91.7	2.6
Other Cities	87.4	5.9	6.8	5.8	92.1	2.3
Rural	91.9	2.2	5.9	13.0	83.5	3.5

5.1.4 Place and Assistance at Last Delivery

Among the 52 percent of pregnancies which terminated in a live birth approximately 45 percent were aided or attended by a physician, and 11 percent by a nurse or midwife (Table 5-9). The remainder of the live births were attended by other non-professional persons (family members, friends, etc.).

Table 5-10 shows that 46 percent of all deliveries took place in a hospital or clinic and 50 percent at home. This represents a shift away from home delivery (82.4 percent of all deliveries in 1970), indicating significant improvements in the quality

and availability of health care in Korea.

Table 5-9. Percent of Live Births in the Previous Year by Type of Attendance

Attendant at Delivery	Percent
Physician	44.6
Nurse	2.7
Midwife	8.2
Relatives	35.7
Husband	4.4
Herself	4.4
Total	100.0

Table 5-10. Place of Delivery Occurred by Year

Place	1970	1972	1974	1976	1978
Clinic or hospital	15.8	22.6	24.0	34.3	45.9%
Midwive's clinic	1.8	1.7	2.6	2.8	3.7
Home	82.4	75.7	73.3	62.5	50.0
Other	–	–	–	0.5	0.3
Total	100.0	100.0	100.0	100.0	100.0

Table 5-11. Safe Delivery Rate of Live Birth Occurring in Relevant Year: 1968-1978

Year	Safe Delivery Rate
1968	22.3%
1970	27.4
1972	31.6
1974	36.1
1976	43.6
1978	55.5

Note: Safe delivery rate is based on attendance of professionals.

The improvement in the availability of medical services is also shown in the percentage distribution of live births attended by professional medical personnel. The rate (called here the "safe delivery" rate) has been increasing as shown in Table 5-11. There has been a 2.5 fold increase in the percentage of normal deliveries which were professionally attended or safe.

5.2 Pregnancy Wastage

5.2.1 The Status of Pregnancy Wastage

Pregnancy wastage is made up of induced abortion and spontaneous abortion or still birth. To understand more specifically the two kind of pregnancy wastage, the KCPS data were analyzed by respondent characteristics.

Table 5-12. Mean Number of Pregnancy Wastage Experienced by Ever Married Women by Residence

Pregnancy wastage	National	Large Cities	Other Cities	Rural
Induced abortion	1.1	1.4	1.3	0.8
Spontaneous abortion and still birth	0.2	0.2	0.2	0.2
Total	1.3	1.6	1.5	1.0
Experienced Rate of Induced Abortion	48%	53%*		40%

* It is urban area

As shown in Table 5-12, 75 percent more pregnancy wastages in the form of induced abortion is experienced in urban areas, than in rural areas. But spontaneous abortions are equally distributed in each area.

When controlling pregnancy wastage by women's age you would expect it to increase due to the greater interval of risk of pregnancy. Older women have had more opportunity to get pregnant and, as a consequence, a greater risk of pregnancy wastage. This pattern can be seen in Table 5-13. The relatively smaller number of pregnancy wastages experienced by older women (45-49) is a function of their reduced access to abortion, which has come into common use concurrent with the groups period of declining fertility.

Table 5-13. Mean Number of Pregnancy Wastage Experienced by Ever Married Women by Age

Pregnancy wastage	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Induced abortion	0.1	0.3	0.7	1.2	1.5	1.5	1.1
Spontaneous abortion and still birth	–	0.1	0.2	0.2	0.2	0.2	0.3
Total wastage	0.1	0.4	0.9	1.4	1.7	1.7	1.4
Experienced Rate of Induced abortion	*	19%	36%	54%	59%	56%	*

*It was not calculated

The direction of a relationship between education and pregnancy wastage could go in either direction. Highly educated women would be more likely to use contraception, have access to better medical care, and have better nutrition which could result in lower rates of pregnancy wastage. On the other hand, highly educated women could have smaller family size desires which could increase the use of abortion. These various factors may all play some role in the association between the two variables. However, the relationship in Table 5-14 shows little difference between educational levels suggesting that other socioeconomic and cultural factors may be more important in determining levels of pregnancy wastage.

Table 5-14. Mean Number of Pregnancy Wastage by Education

Pregnancy Wastage	No School	Primary	Middle	High	College
Induced Abortion	0.9	1.1	1.2	1.2	1.1
Spontaneous Abortion and Still Births	0.2	0.2	0.2	0.2	0.3
Total wastage	1.1	1.3	1.4	1.4	1.4
Experience Rate of Induced Abortion	39.5%	48.2%	50.4%	48.5%	47.2%

Table 5-15 shows again the pattern of pregnancy wastage which has been seen before in other sections of this report – rural women resort to abortion less frequently than urban women, resulting in higher fertility for these women. The wholly urban provinces of Seoul and Busan both show higher levels of induced abortion.

Table 5-15. Mean Number of Pregnancy Wastage by Province

Pregnancy wastage	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
Induced Abortion	1.3	1.3	1.1	0.9	0.8	0.8	0.9	0.9	1.0	0.9
Spontaneous Abort. and Still Births	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.2
Total	1.5	1.5	1.3	1.1	1.0	1.0	1.1	1.1	1.3	1.1
Experience Rate (%) of Induced Abortion	53.3	54.0	50.7	41.4	40.8	40.2	40.7	42.7	44.1	42.3

5.2.2 Level of Induced Abortion

Induced abortion has played an important role in fertility decline in Korea. Table 5-16, Figure V-1 shows that in age specific induced abortion rate(ASIAR), the age group 30-34 has the highest level, and the age group 45-49 the lowest level.

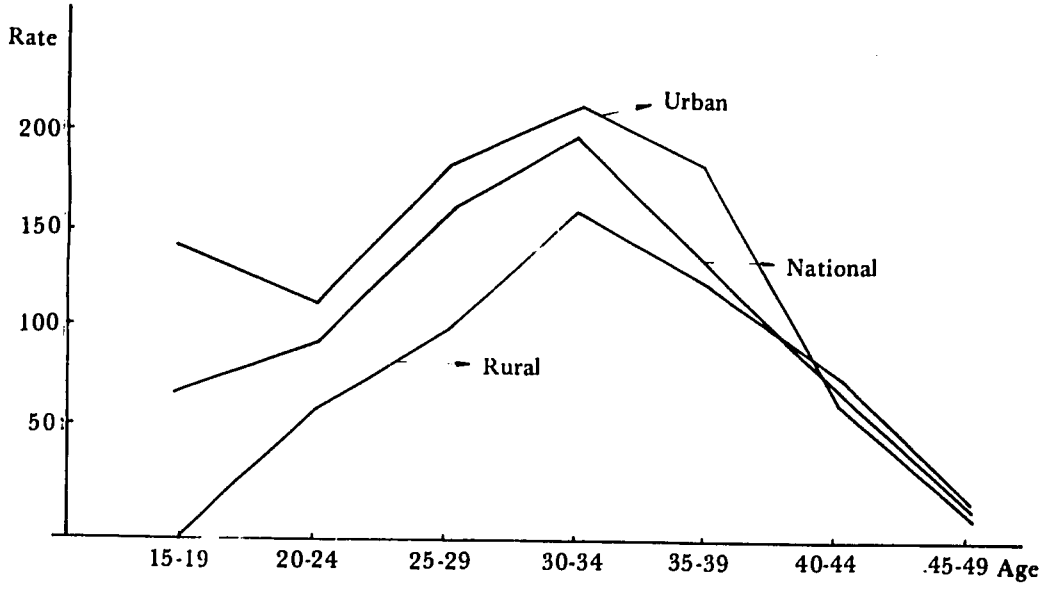
Table 5-16. Age-Specific Abortion Rate and Abortion Ratio

Age	National		Urban		Rural	
	Rate	Ratio*	Rate	Ratio*	Rate	Ratio*
15-19	61.5	0.2	133.3	0.5	0.0	0.0
20-24	88.0	0.3	106.5	0.3	55.3	0.2
25-29	154.7	0.5	181.7	0.7	98.7	0.3
30-34	187.7	1.8	205.9	2.2	154.7	1.2
35-39	126.8	3.4	130.1	4.4	122.6	2.5
40-44	69.0	7.4	65.9	10.2	72.3	5.9
45-49	15.9	11.0	16.2	0.0	15.7	6.0
TAR**	3.5	1.0	4.2	1.1	2.6	0.8

$$* \text{ Abortion Ratio} = \frac{\text{Abortions in aged ith women}}{\text{Births in aged ith women}}$$

$$**\text{Total Abortion Rate} = \frac{\text{No. of Induced Abortions in Year to Women X - X + 5 years}}{\text{No. of Ever-Married Women X - X + 5 years of age}} \times 1{,}000$$

Fig. V-1. Abortion Rates by Age and Urban/Rural Residence



The ratio of induced abortions to births is lowest in the age group 15-19 and the highest level is shown in age groups 40-45 and 45-49. Both in ASIAR and in the abortion ratio there are differentials between urban and rural area; with urban rates consistently above those of the rural areas. This can also be seen in Table 5-17 which presents ASIAR by province.

Table 5-17. Age Specific Induced Abortion Rates by Provinces: 1979

Age	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
15-19	–	286	200	–	–	–	–	–	–	–
20-24	131	68	139	32	45	54	44	49	63	63
25-29	178	147	201	171	96	139	96	101	133	149
30-34	192	222	200	156	128	147	209	151	186	198
35-39	98	123	129	124	150	95	168	137	124	183
40-44	47	66	101	103	70	65	64	114	48	44
45-49	20	21	13	27	13	19	20	12	5	16
TAR	3.3	4.7	4.9	3.1	2.5	2.6	3.0	2.8	2.8	3.3
Abortion Ratio	1.0	0.9	1.2	0.9	0.9	0.8	0.9	0.9	0.9	0.9

Gyeonggi province (Predominantly urban) shows the highest level of the total abortion rate, and chungbuk and Chungnam show the lowest level total abortion rate. Seoul has a relatively (to other urban areas) total abortion rate.

5.3 Reproductive Intention and Desired Family Size

5.3.1 Reproductive Intention

The proportion of women not wanting additional children is a good measure of the approximate age when desired family planning size is reached. Changes in this measure over time also indicate changes in the age pattern of reproduction.

Table 5-18. Percent Distribution of Women 15 to 49 Not Wanting Additional Children by Age: 1971-1979

Age	1971[1)]	1973[2)]	1976[3)]	1979[4)]
15-19	–	–	–	9
20-24	8	10	20	18
25-29	28	38	49	52
30-34	62	64	82	84
35-39	83	85	93	94
40-44	92	92	98	98
45-49	–	–	–	99
Total	57	62	72	79

Source of Data: 1) KIFP, Report on 1971 Fertility Abortion Survey.
2) KIFP, Report on 1973 National Family Planning and Fertility Survey.
3) KIFP, 1976 National Fertility and Family Planning Evaluation Survey.
4) Korean Contraceptive Prevalence Survey.

According to the Table 5-18 there has been an increasing trend towards women not wanting additional children both in total and among individual age groups. Overall, about 79 percent of Korean women don't want to have any additional children. This trend can be observed in all age groups of women. More than 95 percent of those women aged 35 and over wanted no more children. The slight decline in percent not wanting additional children among younger women is due

to delayed age at marriage and the associated delay in the onset of fertility.

The percentage not wanting additional children by residence (Table 5-19 and 5-20) shows that there is still some variation in reproductive intentions, but most of the differences are a function of differing age distributions.

Table 5-19. Percentages of Women Ages 15-44 Not Wanting Additional Children, 1973-1979

Year	All Korea	Large Cities	Other Cities	Rural
1973[1)]	62	60	62	62
1976[2)]	71	74	71	71
1979[3)]	79.0	77.3	77.2	81.1

Sources of Data: 1) Kunyoung Song, Sunghyun Han, 1973 Fertility and Family Planning Survey, 1974.
2) Byungtae Park, *et al.*, 1976 National Fertility and Family Planning Evaluation Sruvey, 1978.
3) Korean Contractive Prevalence Survey.

Table 5-20. Percentages of Women Ages 15-44 Not Wanting Additional Children, 1979

Year	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
1973[3)]	77.8	78.7	80.1	80.5	81.3	81.8	79.5	79.4	81.1	78.6

5.3.2 Desired Size of Family

Desired family size for a respondent is defined as her total living children plus the number of additional children desired. The desired family size can be used to estimate an approximation of the completed family size, providing a further indicator of reproductive intentions.

In Table 5-21 the mean number of desired children has dropped between 1973 and 1979. Also younger women tend to have a lower desired family size than older women offering some hope that fertility will continue to decline. However, it should be noted that the method used in the KCPS would tend to increase "desired" family size among older women because the measure counts all living

Table 5-21. Percentages of Women Ages 15-44 not Wanting Additional Children, 1973-1979

No. of Living Children	1973	1976	1979
1	11%	19%	26%
2	46	69	78
3	73	88	93
4	85	93	97
5	90	93	98
6+	–	97	98
Total	62	71	79

Source: Same as Table 5-19.

children as part of the total desired without any consideration for the parent "desire" for these children. It is also interesting to note that there is actually little differences in desired family size when corresponding cohorts are examined (1973, 25-29 D.F.S. = 3.0, 1979, 30-34 D.F.S. = 3.0).

Table 5-22. Mean Number of Living Children and Desired Family Size by Age, 1973-1979

Age	1973		1979	
	Living Children	Desired Family Size	Living Children	Desired Family Size
15-19	1.0*	2.8*	1.6	2.2
20-24			1.0	2.3
25-29	2.0	3.0	1.3	2.4
30-34	3.2	3.6	2.8	3.0
35-39	4.1	4.4	3.6	3.6
40-44	4.5	4.8	4.2	4.2
45-49	–	–	4.6	4.6
Total	3.1	3.7	3.1	3.4

*Indicates women aged 15-24.

Source: Same as Table 5-19.

Table 5-23. Mean Number of Living Children and Desired Size of Family by Province: 1979

Categories	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
Number of Living Children	2.5	2.7	3.1	3.5	3.6	3.5	3.9	4.0	3.2	3.4
Desired Family Size	2.8	2.9	3.4	3.8	3.9	3.8	4.2	4.3	3.4	3.7

According to the Table 5-23, the desired family size varies among provinces. Seoul has the lowest size and Jeonnam has the highest.

The presistence of rural-urban differences in expected family size suggests that "IE & C" efforts directed at lowering fertility expectations should be maintained or even strengthened in the rural areas.

CHAPTER 6

KNOWLEDGE AND PRACTICE OF CONTRACEPTIVE METHODS

6.1 Knowledge of Contraceptive Methods

Past Korean family planning surveys have placed major emphasis on knowledge and practice of contraceptive methods among currently-married women ages 15 to 44. Pregnancy and child-bearing among currently-married Korean women ages 45 and older is very low, and sexual activity among non-married women (including widowed, separated, and divorced) is also very low. For the sake of chronological continuity with previous surveys, and use among currently-married women ages 15 to 44.

Throughout this section, we focus on the analysis of knowledge, attitudes and practices toward government supported contraceptive methods, primarily pills, condom, intra-uterine devices, vasectomy and tubal ligation. In addition, the injectables, foam tablets, menstrual regulation, withdrawal, and induced abortion are analyzed for knowledge and practices. Knowledge of specific methods was assessed by both unprompted (recall) and prompted (recognition) techniques.

6.1.1 Unprompted and Prompted Knowledge of Contraceptive Methods

"Unprompted" refers to the situation in which the respondent spontaneously names specific methods of birth control. "Prompted" refers to the situation in which the respondent recognizes a method named by the interviewer, which she did not spontaneously name herself. These measures of knowledge were obtained for the 10 methods identified above.

Examing the data presented in Table 6-1, 6-2 we find that currently married women ages 15-44 know 2.5 methods unprompted and 6.8 methods with prompting, on the average.

Comparing knowledge by residence, only slightly higher rates were found among women residing in urban areas than among women residing in rural areas. Tables 6-1 and 6-2 indicate the average numbere of methods known without and with prompting in rural areas were 2.4 and 6.5 methods respectively, compared to 2.7 and 7.0 in the urban areas.

Table 6-1. Number of Methods Known without Prompting for Currently Married Women by Residence

No. of Methods Known	Urban		Rural		National	
	Percent	Cumulative Percent	Percent	Cumulative Percent	Percent	Cumulative Percent
0	10.7	10.7	11.6	11.6	11.1	11.1
1	17.2	27.9	19.7	31.3	18.2	29.3
2	22.0	49.9	26.6	57.9	23.8	53.1
3	20.9	70.8	20.0	77.9	20.5	73.6
4	14.4	85.2	12.4	90.3	13.6	87.2
5	9.0	94.2	6.3	96.6	8.0	95.2
6	3.1	97.3	2.1	98.7	2.7	97.9
7	1.2	98.5	0.5	99.2	0.9	98.8
8	0.6	99.1	0.3	99.5	0.5	99.3
9+	0.8	–	0.4	–	0.7	–
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(7,184)		(4,803)		(11,987)	
Mean	2.5		2.4		2.7	

Table 6-2. Number of Methods Known with Prompting for Currently Married Women Aged 15-44 by Residence

No. of Method	Urban		Rural		National	
	Percent	Cumulative Percent	Percent	Cumulative Percent	Percent	Cumulative Percent
0	0.2	0.2	0.7	0.7	0.4	0.4
1	0.8	1.0	0.9	1.6	0.9	1.3
2	1.5	2.5	1.4	3.0	1.4	2.7
3	1.7	4.2	2.5	5.5	2.0	4.7
4	4.3	8.5	6.7	12.2	5.2	9.9
5	11.6	20.1	18.6	30.8	14.4	24.3
6	15.2	35.3	16.8	47.6	15.8	40.1
7	17.4	52.7	17.1	64.7	17.3	57.4
8	22.5	75.2	17.1	81.8	20.3	77.7
9+	24.9	99.1	18.3	99.7	22.3	99.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(7,184)		(4,803)		(11,987)	
Mean	7.0		6.5		6.8	

Table 6-3. Number of Methods Known Without Prompting for Currently Married Women by Age

No. of Methods	15-19	20-24	25-29	30-34	35-39	40-44	All
0	30.1	19.1	11.9	6.7	8.4	13.4	11.1
1	29.0	17.2	14.9	16.7	19.7	21.9	18.2
2	16.9	24.0	20.7	22.9	24.2	27.6	23.8
3	14.3	17.8	22.5	22.0	21.0	18.0	20.5
4	2.8	12.5	14.9	15.3	14.4	10.3	13.6
5	4.9	5.9	9.7	10.0	7.2	6.0	8.0
6	–	1.7	2.9	3.8	2.9	1.6	2.7
7	–	0.8	1.2	1.1	0.9	0.5	0.9
8	–	0.4	0.7	0.8	0.4	0.1	0.5
9+	2.0	0.5	0.6	0.8	0.9	0.6	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(65)	(1,298)	(2,556)	(2,722)	(2,829)	(2,517)	(11,987)
Mean	1.5	2.2	2.7	2.8	2.6	2.2	2.5

Table 6-4. Number of Methods Known Without Prompting for Currently Married Women by Education

No. of Methods	No Schooling	Primary	Middle	High	College or over	All
0	17.8	12.4	10.1	7.4	2.4	11.1
1	25.4	19.9	16.2	13.8	11.8	18.2
2	30.3	26.1	22.3	19.2	11.0	23.8
3	16.2	21.1	21.6	20.1	18.6	20.5
4	6.6	12.1	15.1	18.2	18.7	13.6
5	2.4	6.0	9.8	12.2	14.6	8.0
6	1.2	1.5	2.8	5.3	8.3	2.7
7	0.1	0.4	1.4	1.6	3.0	0.9
8	–	0.2	0.3	0.9	4.1	0.5
9+	–	0.3	0.2	1.2	7.7	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(1,077)	(5,624)	(2,842)	(1,933)	(503)	(11,982)
Mean	1.8	2.3	2.7	3.1	4.1	2.5

* Excluded are 5 respondents who made no responses.

Age differences in unprompted knowledge were also not very pronounced. Lower rates were observed among the youngest (15-24) and oldest (40-45) women (Table 6-3). Knowledge of contraceptive methods was positively correlated with educational attainment; college-educated women mentioned twice as many methods as women with no formal schooling (Table 6-4). Current employment status was not associated with the number of methods known that employed was 2.4 methods and unemployed was 2.6 methods (Table 6-5). However, occupation did make a difference; professional and managerial women mentioned more methods than other women (Table 6-6). This later finding is confounded with educational attainment, and to a lesser degree with age and residence.

6.1.2. Trends in Knowledge by Contraceptive Method

Knowledge rates by contraceptive method are shown in Table 6-6. The highest unprompted rates observed were for pills and IUDs, 69.5 percent and 54.4 percent respectively. Unprompted rates for other methods were as follows: tubal ligation 38.2 percent, condom 33.1 percent, vasectomy 22.3 percent, induced abortion 22.2 percent, and rhythm 16.4 percent. All other methods show less than a 10% rate of unprompted response. Combining unprompted and prompted responses, knowledge rates above 95 percent were observed for pills, IUD, male and female sterilization and induced abortion.

Total knowledge rates appear to be relatively higher for methods which have been adopted by the government program. In addition, the women in our sample were more familiar with female contraceptive methods than with male contraceptive methods.

Korean women's general knowledge of contraceptive methods has steadily increased since the initiation of the National Family Planning Program in 1962. Time trends in knowledge of various contraceptive methods are shown in Table 6-7.

The greatest rates of increase from 1967 to 1979 has been tubal ligation and rhythm. Both of these methods had very low response levels in 1967. Tubal ligation is now one of the most well known methods. Following these two methods, oral pills show the greatest rate of increase in knowledge.

Table 6-5. Number of Methods Known Without Prompting for Currently Married Women by Occupation

No. of Methods	Un-employed	Mental Work	Selling Service	Agricul-ture	Productive Labor	All
0	11.3	5.4	11.4	11.4	9.8	11.1
1	16.8	12.5	19.7	23.9	19.9	18.2
2	22.7	19.3	23.3	29.2	26.1	23.8
3	21.2	13.9	19.2	19.0	20.9	20.5
4	14.4	16.5	12.8	9.9	12.9	13.6
5	8.8	11.1	8.0	4.2	6.7	8.0
6	2.8	5.3	3.2	1.2	3.1	2.7
7	0.9	1.8	1.7	0.5	0.3	0.9
8	0.5	2.3	0.4	0.2	0.1	0.5
9+	0.5	11.8	0.3	0.4	0.2	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(7,982)	(242)	(1,272)	(1,605)	(874)	(11,975)
Mean	2.6	3.9	2.5	2.2	2.4	2.5

* Excluded are 12 respondents who made no responses.

Table 6-6. Knowledge Level of Each Family Planning Method for Currently Married Women Aged 15-44

Method	Unprompted	Prompted	No Knowledge	Total (N)
Oral pill	69.5	27.9	2.5	100.0 (11,987)
Condom	33.1	52.9	14.0	100.0 (11,987)
IUD	54.4	41.4	4.2	100.0 (11,987)
Female Sterilization	38.2	58.0	3.9	100.0 (11,987)
Male sterilization	22.3	73.0	4.7	100.0 (11,987)
Abortion	22.2	75.1	2.7	100.0 (11,987)
Injection	4.1	39.0	56.8	100.0 (11,985)
Vaginal	8.8	48.4	42.9	100.0 (11,987)
Rhythm	16.4	46.8	36.8	100.0 (11,985)
Withdrawal	5.7	40.1	54.2	100.0 (11,987)
Other	1.9	–	98.1	100.0 (11,987)

Table 6-7. Trends in Percentage of Currently Married Women with Knowledge of Each Method

Contraceptive Methods	1967[1)]	1976[1)]	1978[1)]	1979[2)]
Oral pill	39.5	94.9	96.0	97.4
Condom	58.3	81.2	79.2	86.0
IUD	75.4	94.1	95.0	95.8
Female sterilization	10.7	81.8	92.0	96.2
Male sterilization	50.8	88.7	92.1	95.3
Abortion	–	–	–	97.3
Vaginal	32.0	–	63.5	57.2
Rhythm	14.2	67.5	54.3	63.2

Source: 1) Jong Hwa Byun, Kap Suk Koh, "1978 Family Planning and Fertility Survey", 1979, p. 233.
2) Korean Contraceptive Prevalence Survey.

6.1.3. Contraceptive Knowledge by Women's Characteristics

Unprompted and prompted knowledge rates of specific methods by residence, age, and education are shown in Tables 6-8 and 6-9. Residence appears to have little effect on unprompted or prompted knowledge rates for program methods and induced abortion. Urban women are more likely to be aware of condoms and vasectomy, and rural women are more likely to be aware of IUD's. The knowledge rates for pills and tubal ligation are roughly compared. Pills and tubal ligation are widely available through the private sector while IUD's are distributed almost exclusively by the government program. Perhaps the higher knowledge rate for IUD's among rural women may be attributed to program efforts, which have been concentrated selectively in rural areas.

In general, there are few differences in unprompted and prompted knowledge rate by age, with the exception that the very youngest women (15-19) are less familiar with methods other than pills when compared to older women. Unprompted knowledge of individual methods show a curvilinear relationship with the age, with the exception that knowledge of IUD's was uniformly high for all groups above age 25.

Table 6-8. Percentage of Currently Married Women with Unprompted Knowledge of Each Family Planning Method by Women's Characteristics

Characteristics	Oral Pill	Con-dom	IUD	Female Ster.	Male Ster.	Abor-tion	Injec-tion	Va-ginal	Rhythm	With-drawal	Others
All	69.5	33.1	54.4	38.2	22.3	22.2	4.1	8.8	16.4	5.7	1.9
Resident											
Urban	69.4	37.8	50.6	40.0	25.1	24.1	4.6	10.5	19.9	6.0	2.3
Rural	69.7	26.2	60.2	35.5	18.1	19.4	3.5	6.2	11.2	5.2	1.3
Age											
15-19	60.4	22.2	26.2	14.7	11.0	13.8	2.0	12.3	7.6	3.3	0.0
20-24	66.7	33.2	46.6	27.7	17.9	14.3	3.5	10.8	12.0	2.8	1.4
25-29	70.4	39.6	54.6	40.0	26.4	19.5	4.3	10.5	16.8	4.2	1.8
30-34	73.2	37.4	56.1	48.3	25.8	23.8	5.5	10.4	18.6	6.6	1.8
35-39	69.2	30.8	56.5	41.2	21.9	24.6	4.1	8.0	18.4	7.4	2.4
40-44	66.7	24.9	55.0	28.0	17.4	24.6	2.9	5.0	13.8	5.9	1.7
Education											
No school	62.1	14.4	51.6	26.0	11.1	16.8	1.5	2.8	6.1	3.6	1.8
Primary	69.0	25.2	56.1	36.4	17.9	21.5	3.2	6.1	9.6	5.1	1.3
Middle	71.8	37.9	53.7	37.8	24.8	24.1	4.7	10.7	17.9	5.1	2.1
High	71.6	50.2	51.4	45.8	31.0	22.2	5.2	13.4	29.9	6.9	2.8
College +	70.6	68.2	57.5	57.4	48.0	29.8	13.0	23.2	52.4	14.8	3.2

Unprompted and prompted knowledge of individual methods was positively correlated with educational attainment. Differences were less pronounced for prompted knowledge than for unprompted with pills and IUD's (the most heavily prompted program methods) showing the smallest differentials of all. It is not surprising that the more highly educated women are more familiar with methods of family planning, since educational attainment is also correlated with income level, urban residence and exposure to mass media. What is impressive is that the government's IE&C campaign has reached women who are not so highly educated, as evidenced by the finding that those methods promoted strongly by the program (pills and IUDs) show the least variation by educational level.

Table 6-9. Percentages of Currently Married Women with Prompted and Unprompted Knowledge of Each Family Planning Method by Women's Characteristics

Characteristics	Oral Pill	Con-dom	IUD	Female Ster.	Male Ster.	Abor-tion	Injec-tion	Va-ginal	Rhy-thm	With-drawal	Others
All	97.4	86.0	95.8	96.2	95.3	97.3	43.1	57.2	63.2	45.8	1.9
Residence											
Urban	97.5	87.6	95.1	96.4	95.8	97.5	45.4	65.1	68.1	48.1	2.3
Rural	97.4	83.7	97.0	95.8	94.4	97.1	39.8	45.3	56.0	42.2	1.3
Age											
15-19	92.6	66.7	76.3	77.8	80.9	91.1	21.5	60.6	48.2	18.6	0.0
20-24	96.9	84.6	92.7	94.4	94.7	96.6	35.6	68.5	64.9	37.0	1.4
25-29	97.1	90.2	95.7	97.2	96.2	97.1	44.0	67.6	68.9	49,0	1.8
30-34	98.2	89.2	97.1	98.1	97.0	97.8	50.1	63.7	69.4	51.4	1.8
35-39	97.6	86.4	96.4	96.8	95.3	97.6	44.5	52.1	62.2	46.9	2.4
40-44	97.4	79.4	96.4	93.7	93.1	97.0	37.7	39.2	51.5	40.4	1.7
Education											
No school	95.3	71.3	93.4	90.7	88.7	94.5	29.4	27.7	54.7	28.9	1.8
Primary	97.1	82.3	96.2	95.8	94.5	97.1	39.7	47.6	52.4	38.4	1.3
Middle	98.4	90.0	96.1	97.5	97.0	97.7	47.6	66.7	73.1	47.6	2.1
High	98.2	96.0	95.9	97.5	97.6	98.3	51.1	79.0	87.5	65.2	2.8
College +	97.8	97.4	96.3	99.1	99.1	99.0	55.3	89.2	95.0	78.2	3.2

6.1.4 Differences in Knowledge by City and Province

Method specific unprompted and prompted knowledge rates by city and province are shown in Tables 6-10 and 6-11. Knowledge rates are nearly unform across methods and across provinces. Unprompted knowledge rates show more variability: Chungbuk and Kyungbuk provinces present the highest rates for program methods (pills, condoms, IUDs, sterilizations), while Jeonnam province and Busan City were uniformly low. The reasons for this inter-province variability are not immediately clear, although they are consistent with selective concentration of IE&C efforts in the rural areas.

Table 6-10. Percentage of Women with Unprompted Knowledge of Each Family Planning Method, for Currently Married Women Aged 15-44, by Province

Method	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
Oral pill	69.0	57.7	72.8	79.5	87.8	69.1	58.2	57.3	83.2	63.4
Condom	41.7	26.2	35.1	39.6	46.1	27.2	17.0	16.4	39.0	25.4
IUD	46.0	44.1	55.0	64.7	83.9	60.2	51.3	50.5	68.4	50.4
Female sterilization	40.9	34.2	42.7	38.2	49.9	36.3	32.8	30.1	40.2	31.7
Male sterilization	26.2	20.4	25.5	22.1	38.5	23.8	10.3	12.2	24.3	14.8
Abortion	19.6	12.5	21.9	18.3	31.4	21.1	17.4	7.2	40.6	27.0
Injection	3.6	4.4	4.0	5.4	6.6	2.0	1.1	1.3	7.3	5.4
Vaginal	11.2	8.9	10.5	5.9	9.2	4.3	4.4	3.3	11.0	8.3
Rhythm	22.1	13.0	17.0	13.1	13.2	8.7	11.8	9.6	19.4	15.2
Withdrawal	5.7	5.2	6.0	4.8	7.6	5.9	5.0	2.2	5.0	10.3
Other	2.3	1.8	1.7	2.5	0.6	0.9	0.7	1.2	2.1	2.8
(N)	1,354	1,282	1,210	1,118	1,074	1,038	1,102	1,047	1,163	1,209

Table 6-11. Percentage of Women with Knowledge of Each Family Planning Method for Currently Married Women Aged 15-44, by Province

Method	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
Oral pill	96.2	97.5	97.8	98.4	99.2	96.9	97.4	98.0	99.0	97.0
Condom	86.8	79.4	87.1	90.3	91.5	85.5	84.9	85.9	90.9	76.8
IUD	91.9	96.2	97.1	98.0	98.6	96.6	96.6	97.4	98.9	95.1
Female Ster.	94.9	96.7	96.7	97.9	98.2	94.9	95.7	97.4	96.9	95.1
Male Ster.	94.1	95.4	95.7	95.3	98.4	92.1	94.0	96.7	97.7	94.0
Abortion	95.6	98.8	97.9	97.0	97.4	93.8	97.8	98.9	99.7	96.1
Injection	40.0	49.2	40.9	47.7	46.0	29.9	37.9	30.9	59.4	45.4
Vaginal	65.6	51.8	57.3	47.6	51.8	43.1	46.9	50.1	69.2	47.4
Rhythm	66.9	61.0	63.9	65.4	61.6	46.7	52.1	60.6	73.3	57.6
Withdrawal	47.6	44.3	42.8	60.9	56.3	35.9	39.0	35.2	54.6	41.6
Other	2.3	1.8	1.7	2.5	0.7	0.9	0.7	1.2	2.1	2.8
(N)	1,354	1,282	1,210	1,118	1,074	1.038	1,102	1,047	1,168	1,209

6.2. Practice of Contraception

The critical focus of the present study is the accurate measurement of contraceptive use. We will examine both ever-use of contraception and current use of contraception (prevalence). The former measures how well private and government efforts have attracted new users. The latter measures how well motivated acceptors are to continue practicing. It should be noted that every woman who indicated contraceptive use within the previous 30 days was considered to be a current user. Thus the prevalence rates obtained in the present study may be slightly higher than would have been obtained using the definition of current use employed in previous studies.

Between 1964 and 1979, the ever-use rate in Korea increased from 12 percent to 76 percent, and the current-use or practice rate from 9 percent to 55 percent. As of 1979, we estimate that there are 5,200,000 married eligible women in Korea. Of these, approximately 3,950,000 couples have ever used contraceptives and 2,850,000 women are currently practicing contraception.

Table 6-12. Trends in Percent Ever-Used Rate of Contraception for Currently Married Women Aged 15-44 by Residence 1964-1979

Year	National			Urban			Rural		
	Ever User	Current User	Post User	Ever User	Current User	Post User	Ever User	Current User	Post Use
1964 1)	12	9	3	24	19	5	8	6	2
1967 1)	28	20	8	35	26	9	24	17	7
1971 1)	44	25	19	45	27	18	43	23	20
1973 1)	55	36	19	56	39	17	54	34	20
1976 1)	63	44	19	66	48	18	59	40	19
1978 1)	69	49	20	74	54	20	65	43	22
1979 2)	76	55	21	76	55	21	75	54	21

Source: 1) Jonghwa Byun, Kapsuk Koh, 1978 Family Planning and Fertility Survey, KIFP, 1979.

2) Korean Contraceptive prevalence Survey.

6.2.1. Ever Use

6.2.1.1 Changes in Ever-use

As can be seen in Table 6-12, the ever-use rate has increased year by year, from 12 percent in 1964, to 55 percent in 1973, and to 76 percent in 1979. Discontinuation rates have also increased over time. Since 1971, however, discontinuation rates have remained stationary at between 19 and 21 percent of the population, while adoption has continued to climb. It is encouraging to see that more and more women have been motivated to adopt and continue using family planning. On the other hand, the fact that more than one third of all acceptors discontinue use of any method of contraception indicates that there is real room for improvement in both the government and private sectors. (Of course, some of these women have discontinued to get pregnant and will become users again.) Looking at the rate by residence, it can be seen that in 1964, 24 percent of urban and 8 percent of rural residents reported ever-use, compared to 76 and 75 percent, respectively in 1979. (See Table 6-12)

6.2.1.2 Ever-use Rates by Contraceptive Method

Examining the ever-use rate by contraceptive methods in Table 6-14, the highest rate shown was 43.6 percent of oral pills. The other rates include 30.1 percent for IUD's, 28.1 percent for condoms, 21.4 percent for rhythm, 14.7 percent for female sterilization, and 14.9 percent for withdrawal.

Reviewing these rates by residence, pills and IUDs are more popular among rural women, while other methods are more popular among women living in an urban setting. This is compatible with the fact that the oral pill and IUD have been actively prompted in the rural area since program inception.

Analyzing the experience rate with various methods by age, an increasing trend was observed for almost all methods, progressing from age 15-19 to age 35-39. The group of women 40-44 years old show some decrease in ever-use rates for most methods, compared to women 35-39 years old. For younger women ages 15-24, the pill is the most populat method. For women who are 25 years old or more, abortion is the most often used method. (See Table 6-14). Experience with pills and IUDs decreases as education increases. Experience with rhythm, withdrawal and vaginal methods increases as education increases.

Table 6-13. Ever-Use Rate of Currently Married Women Aged 15-44, by Age and Number of Children, 1971-1979

Categories	1971[1]		1973[2]		1976[3]		1977[4]	
	Use Rate	Discon-tinuation Rate	Use Rate	Discon-tinuation Rate	Use Rate	Discon-tinuation Rate	Use Rate	Discon-tinuation Rate
All	25	19	36	19	44	19	55	21
Age								
15-19	7	8	12	10	15	13	11	19
20-24							19	26
25-29	15	17	28	16	32	17	41	25
30-34	28	24	38	19	56	18	69	15
35-39	38	23	53	21	61	19	72	15
40-44	27	20	39	23	45	25	53	28
No. of Children								
0	4	5	4	8	5	7	7	18
1	6	7	14	10	18	14	21	26
2	20	17	35	16	44	17	58	20
3	29	24	46	17	59	19	69	17
4	34	28	46	24	60	19	69	21
5+	35	28	43	26	50	27	59	27

Source: 1) Hyun Sang Moon and *et al.*, Interim Report of 1971 Fertility & Induced Abortion Survey, KIFP, 1972, p. 92-98.

2) Kun Yong Song and *et al.*, 1973 Fertility & Family Planning Survey, 1974, p. 87, 101, 105.

3) Byung Tae Park, *et al.*, 1976 Fertility and Family Planning Evaluation Survey, 1978, p. 207.

4) Korean Contraceptive Prevalence Survey.

6.2.2 Current Use

This section focuses on changing trends in the contraceptive practice rate among currently married women aged 15-44. The current use rates of the cities and of the

Table 6-14. Percent Disbtibution of Cureently Married Women of Each Family Planning Method by Women's Characteristics

Characteristics	ral Pill	Con-dom	IUD	Female Ster.	Male Ster.	Abor-tion	Injec-tion	Va-ginal	Rhy-thm	With-drawal	Other
All	43.6	28.1	30.1	14.7	6.1	47.5	3.0	6.4	21.4	14.9	1.1
Residence											
Urban	42.2	32.2	25.9	16.4	7.3	52.8	3.6	8.1	24.3	15.4	1.3
Rural	45.6	21.9	36.3	12.1	4.3	39.6	2.0	4.0	17.2	14.2	0.9
Age											
15-19	19.4	7.6	3.5	0.0	0.0	4.6	0.0	5.6	7.3	2.6	0.0
20-24	22.9	16.2	10.6	1.4	1.0	19.4	0.4	3.2	9.8	4.8	0.6
25-29	34.0	30.7	20.4	9.1	4.3	35.2	2.0	6.9	19.2	11.9	0.9
30-34	47.3	32.9	30.8	21.7	8.4	53.1	3.9	8.3	25.8	18.9	1.0
35-39	52.7	30.9	37.8	22.9	8.0	58.9	3.8	7.4	25.1	18.8	1.5
40-44	50.2	23.6	41.0	10.8	6.4	56.6	3.4	4.6	21.3	15.0	1.3
Education											
No schooling	47.6	13.8	38.4	11.8	4.4	42.8	2.5	2.2	10.9	11.3	1.3
Primary	47.8	22.7	36.0	15.0	4.8	48.2	2.6	4.8	15.9	13.2	0.9
Middle	41.7	31.4	26.1	13.6	7.5	48.4	3.1	8.3	23.4	14.9	1.0
High	35.1	40.6	18.0	16.6	7.7	47.0	3.7	10.1	35.2	19.2	1.7
College +	30.3	50.7	14.7	15.7	10.3	45.9	4.8	9.2	42.3	26.4	1.7

provinces are compared, and information on source of supply is presented. The latter information is of particular importance in assessing the progress of the national family planning program.

6.2.2.1 Changing Trends in the Use Rate

The current contraceptive use rate is one of the most important indicators for assessing the progress of the national family planning program. The vigorous implementation of national family planning programs and the rapid socioeconomic development supported by the government since the early 1960s have effected a remarkable increase in the contraceptive use rate in Korea. The contraceptive use rate as of 1979 was 54.5 percent, almost six times the 1964 rate of 9 percent. In the recent past, it increased steadily from 36 percent in 1973, to 44 percent in 1976.

Fig. VI-1. Time Trend of Contraceptive Practice Rate for Currently Married Women by Residence

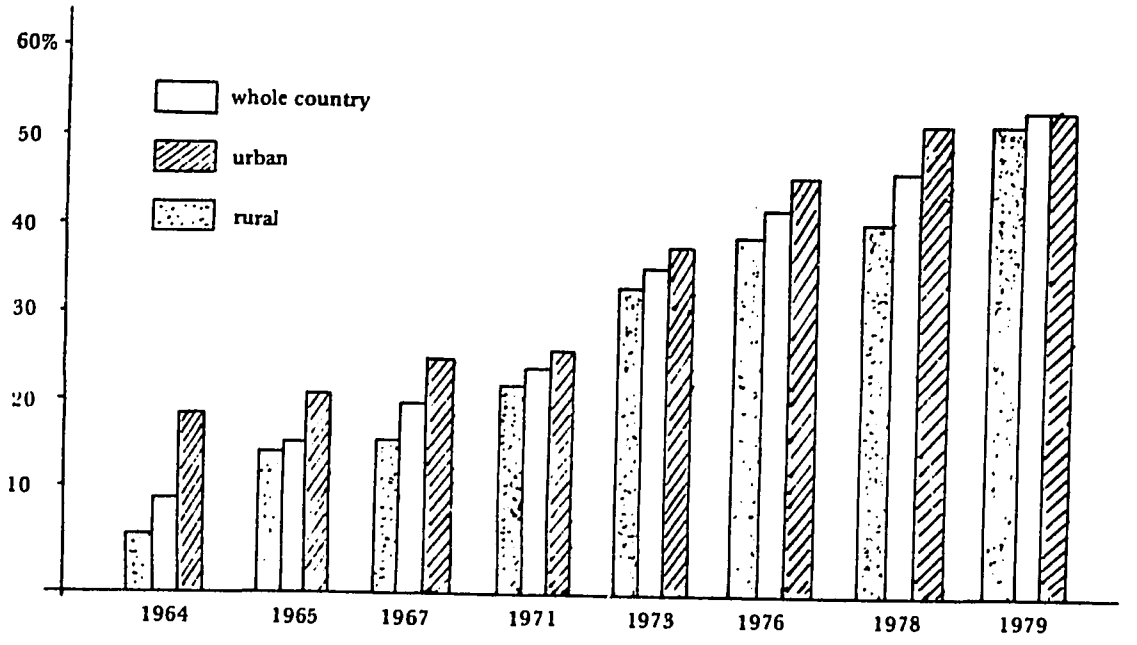


Figure 6-1 presents changes in the contraceptive use rate by urban and rural areas. Back in 1964, the urban use rate was 19 percent and the rural use rate 6 percent (Table 6-12). However, due to an active family planning program, with an initial emphasis on the rural area, by 1971 the urban area had a 27 percent use rate and the rural a 23 percent use rate.

The gap between the urban and rural contraceptive use rates, which had narrowed in 1971, grew larger by 1978. The practice rates in 1978 were 54 percent for the urban area and 43 percent for the rural area. This differential was primarily the result of a surge in tubal ligation which was offered free of charge to metropolitan and urban area residents in 1977.

However, the 1979 KCPS indicates that this gap has again narrowed, based upon a 55.1 percent practice rate for urban areas, and 53.6 percent rate for rural areas. The sudden increase in the rural practice rate may be due to increased acceptance of tubal ligation, as happened earlier in the urban area, and the inclusion as current user within the present rural women who dropped out after using either pills or IUD within a 30 days period previous to the interview.

Between 1973 and 1979, the greatest rate of increase in contraceptive use is found in the age group 30-34. As can be seen in Table 6-16, the practice rate for age group 30-34 was 38 percent in 1973 and 68.5 percent in 1979. In contrast, the older age group of 35-39 had a use rate of 53 percent in 1973 and a use rate of 71.9 percent in 1979. The rate of increase for the latter group is less than for the younger group. This pattern suggests that the leading group in increased contraceptive practice in Korea will be women ages 30-34, as is generally true in more developed countries. Looking at trends by number of living children, the highest rate of contraceptive use is generally found among women who have 3 or 4 children.

Table 6-15. Trend in Contraceptive Use Rate for Currently Married Women Aged 15-44 by Residence and Characteristics, 1971-1979

Characteristics	Urban				Rural			
	1971[1)]	1976[1)]	1978[1)]	1979[2)]	1971[1)]	1976[1)]	1978[1)]	1979[2)]
All	27	48.0	54.0	55.1	23	42.2	42.2	53.6
Age								
15-19	7	18.5	22.3	17.0	6	11.7	9.5	6.7
20-24				19.2				17.6
25-29	17	36.8	43.0	43.3	14	25.0	29.7	36.0
30-34	32	60.4	68.5	69.4	24	50.1	52.8	66.8
35-39	45	65.9	68.0	71.5	34	57.3	64.1	72.5
40-44	29	47.8	53.3	55.4	25	43.6	41.1	51.3
Education								
No schooling	19	41.3	43.5	51.7	21	38.9	44.7	50.7
Primary	27	45.6	54.5	53.7	23	40.8	42.9	54.6
Middle	24	47.2	50.2	53.0	25	38.3	37.1	52.7
High	35	53.7	56.8	58.8	21	40.5	37.0	52.0
College +	36	53.0	64.5	61.0	44	43.5	58.8	62.1

Source: 1) Jong Hwa Byun, Kap Suk Koh, "1978 Family Planning and Fertility Survey," 1979, p. 348.

2) Korean Contraceptive Prevalence Survey.

Table 6-16. Trends in Contraceptive Use Rates for Currently Married Women Aged 15-44, by Characteristics

Characteristics	1971[1)]	1973[1)]	1976[1)]	1978[1)]	1979[2)]
All	25	36	44.2	48.8	54.5
Residence					
Urban	27	39	48.0	54.0	55.1
Rural	23	34	40.2	42.2	53.6
Age					
15-24	7	12	15.4	16.1	18.3
25-29	15	28	31.9	38.0	40.9
30-34	28	38	55.8	62.0	68.5
35-39	38	53	61.5	66.3	71.9
40-44	27	39	45.1	46.9	53.3
Education					
No schooling	21	30	39.3	44.5	50.9
Primary	25	35	42.8	48.4	54.2
Middle	25	37	44.2	46.7	52.9
High	32	44	50.9	53.2	58.0
College or over	38	48	51.8	63.6	61.1
No. of Living Children					
0	4	4	4.6	6.9	7.0
1	6	14	18.2	16.5	20.7
2	20	35	44.0	50.7	58.2
3	29	46	59,0	65.2	69.0
4	34	46	60.4	62.4	68.9
5+	35	43	47.2	51.7	58.5

Source: 1) Jong Hwa Byun, Kap Suk Koh, "1978 Family Planning and Fertility Survey," 1979, p. 351-352.

2) Korean Contraceptive Prevalence Survey.

6.2.2.2 Changes in Use Rates by Methods

When a client decided to accept a method of contraception, factors such as motivation, ease and convenience of use, availability, etc. interacts with each other. In Korea, availability has largely depended upon the method supported by the national family planning program at any particular time. Accordingly, it is necessary to understand the chronology of contraceptive methods supported by the national family planning program, in order to understand the changing trend in methods used. Since the program inception in 1961, the IUD, vasectomy, and the supply of condoms and vaginal tablets have been supported by the national family planning program. By 1966, IUD was one of the major methods used in Korea with (Table 6-17) 46 percent of all acceptors using the IUD.

In 1968, the Korean Government began to supply oral pills which had been provided free of charge by the Swedish International Development Authority. By 1971, almost two thirds of all contraceptive users were using the oral pill. However, the side-effects of the IUD and oral pill resulted in high discontinuation rates for these methods.

Table 6-17. Time Trend of Percent Distribution of Current Contraceptive Users by Method

Method	1966[1)]	1971[1)]	1976[1)]	1978[1)]	1979[2)]
Oral pill	2.5(1.0)	27.8(6.8)	17.6(7.8)	13.5(6.6)	13.2(7.2)
Condom	15.4(3.0)	13.1(3.2)	14.3(6.3)	11.9(5.8)	9.5(5.2)
IUD	46.2(9.0)	28.6(7.0)	23.8(10.5)	19.5(9.5)	17.6(9.6)
Tubal ligation	10.2(2.0)	13.5(3.3)	9.3(4.1)	22.3(10.9)	26.6(14.5)
Vasectomy			9.5(4.2)	11.4(5.6)	10.8(5.9)
Others	25.7(5.0)	17.1(4.2)	25.6(11.3)	21.4(10.4)	22.2(12.1)
Total	100.0(20)	100.0(20.0)	100.0(44.2)	100.0(48.8)	100.0(54.5)
Respondents	(3,368)	(4,635)	(5,008)	(3,116)	(11,987)

( ) means practice rate

Source: 1) Jong Hwa Byun, Kap Suk Koh, 1978 Family Planning and Fertility Survey, 1979, p. 375.

2) Korean Contraceptive Prevalence Survey.

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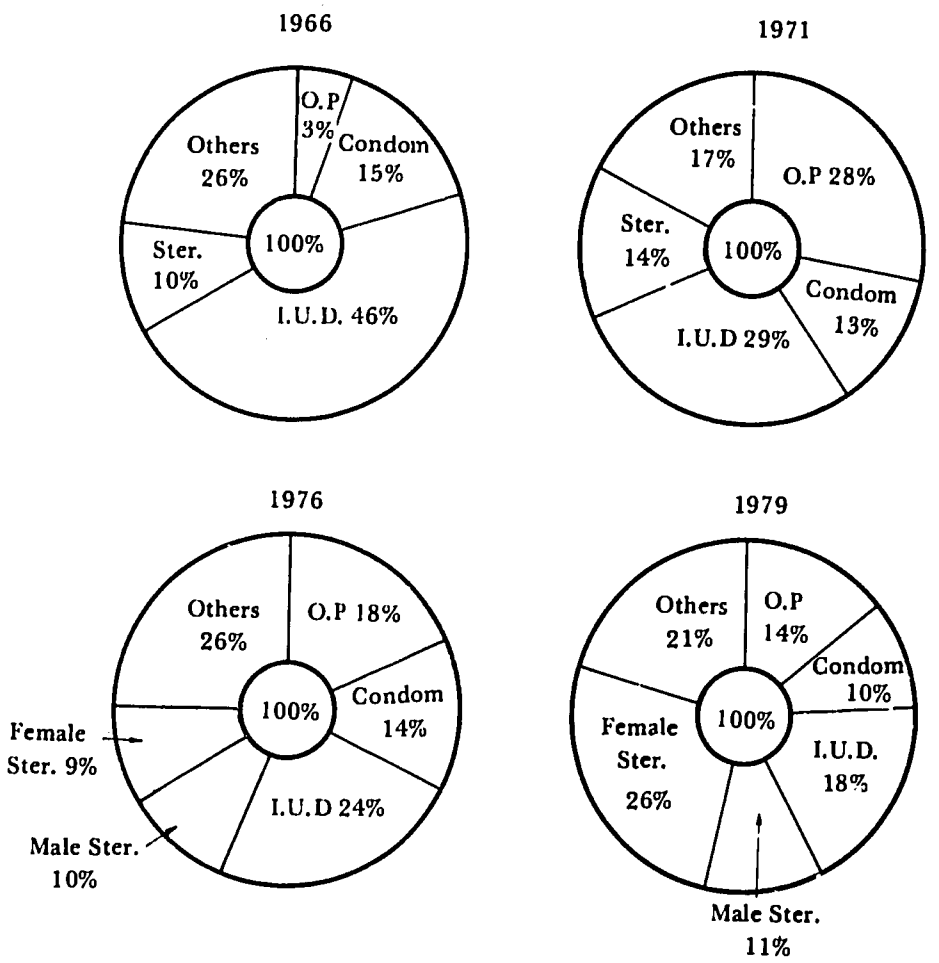
As oral pill and IUD use declined, the use of sterilization (vasectomy and tubal ligation) and of the rhythm method increased. Tubal ligation was made available free of charge under government subsidy in 1977. Accordingly, the number of users reporting tubal ligation in 1979 was 27 percent, compared to 9 percent in 1976. It is likely that the presently high rate of use of tubal ligation will continue unless there is a shift in methods supported by the national family planning program.

Fig. VI-2. Time Trend of Percent Distribution of Current Contraceptive Users by Method



6.2.2.3 Comparison of Use Rates by Women's Characteristics

Table 6-18 presents methods specific contraceptive practice rates for rural and urban areas. In 1979, the urban use rates for tubal ligation and vasectomy were 16 percent and 7 percent, respectively. Orals, condoms and IUD were each practiced by 6 percent of the urban respondents. On the other hand, the highest rates of use in rural areas were 15 percent for the IUD and 12 percent for tubal ligation.

Rural area respondents reported practice rates of 8.3 percent for orals, 4.0 percent for vasectomy, and 3.4 percent for the condom. Excluding the five government supported methods described above, other methods accounted for 12 percent of the urban practice rate and 11 percent of the rural practice rate. Therefore, no significant difference was observed between the rates for other conventional methods in urban and rural areas.

In summary, women living in urban areas largely depend upon tubal ligation and vasectomy, while women in rural areas depend upon IUD and tubal ligation. For both urban and rural areas, tubal ligation has had the greatest rate of increase of any of the methods between 1976 and 1979.

Table 6-18. Trend of Contraceptive Practice Rate for Currently Married Women Aged 15-44 by Method and Residence

Method	1976[1]			1978[2]			1979[3]		
	National	Urban	Rural	National	Urban	Rural	National	Urban	Rural
Oral Pil	7.8	8.0	7.5	6.6	6.6	6.5	7.2	6.4	8.3
Condom	6.3	8.0	4.6	5.8	7.8	3.4	5.2	6.4	3.4
IUD	10.5	8.2	13.0	9.5	7.1	12.7	9.6	6.3	14.6
Tubal ligation	4.1	5.6	2.4	10.9	13.8	7.2	14.5	16.2	12.0
Vasectomy	4.2	5.1	3.2	5.6	6.7	4.1	5.9	7.1	4.0
Others	11.3	13.1	9.4	10.4	12.0	8.3	12.1	12.7	11.3
All	44.2	48.0	40.2	48.8	54.0	42.2	54.5	55.1	53.6

Source: 1) Byung Tae Park, Byung Mohk Choi, Ho Yun Kwon, 1976 National Family Planning Fertility Evaluation Survey, 1978, p. 198.

2) Jonghwa Byun, Kapsuk Koh, 1978 Family Planning Fertility Survey, 1979, p. 378.

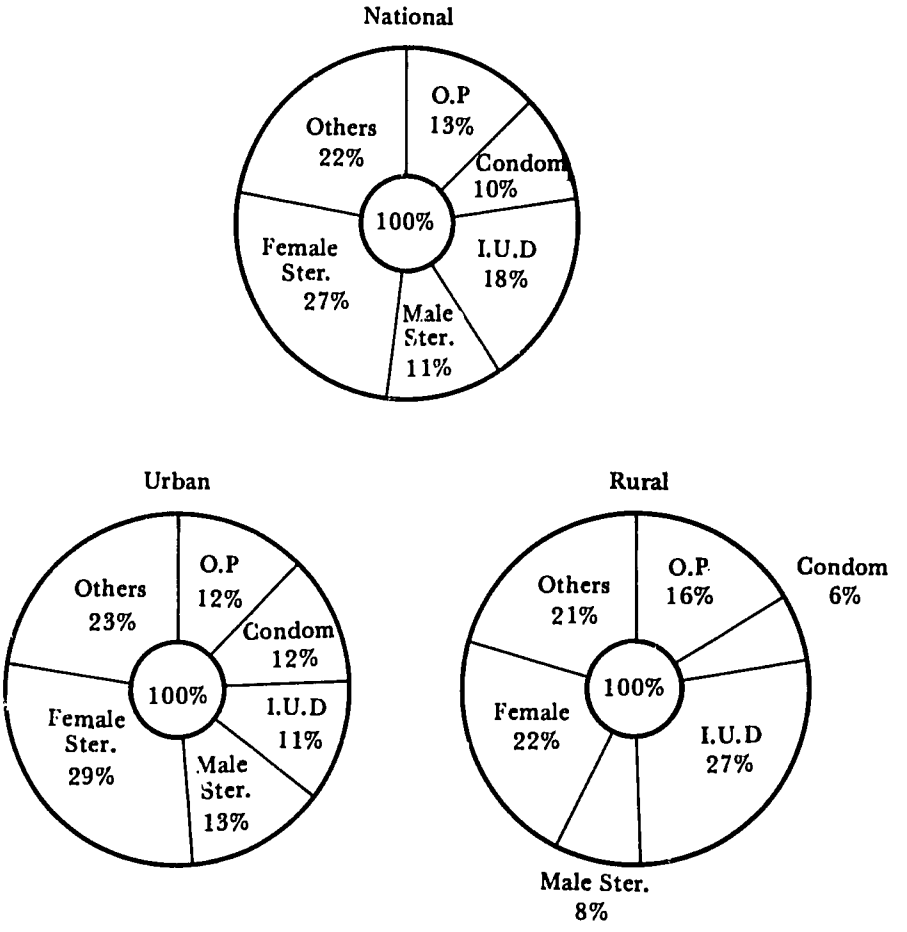
3) Korean Contraceptive Prevalence Survey.

Table 6-19. The Current Contraceptive Use Rate for Currently Married Women Aged 15-44 by Method, Age, and Residence, 1979

Method	15-19	20-24	25-29	30-34	35-39	40-44	All
National							
Oral pill	4.6	5.8	6.9	8.6	7.8	5.9	7.2
Condom	2.2	3.5	6.3	6.6	5.3	3.3	5.2
IUD	–	4.1	6.5	9.7	12.6	12.6	9.6
Female Ster.	–	1.5	9.1	21.5	22.6	10.6	14.5
Male Ster.	–	1.0	3.8	8.2	7.7	6.2	5.9
Injection Vaginal	–	0.5	0.9	0.6	0.9	0.6	0.7
Other	4.6	2.2	7.4	13.3	15.0	14.1	11.4
Total	11.4	18.6	40.9	68.5	71.9	53.3	54.5
(N)	(65)	(1,298)	(2,556)	(2,722)	(2,829)	(2,517)	(11,987)
Urban							
Oral pill	4.5	5.1	6.4	8.5	6.1	4.7	6.4
Condom	2.8	4.7	7.9	7.6	6.2	4.0	6.4
IUD	–	3.4	5.5	6.0	8.2	7.6	6.3
Female Ster.	–	1.4	10.0	22.8	24.8	14.7	16.2
Male Ster.	–	1.2	4.0	9.6	10.4	7.9	7.1
Injection Vaginal	–	0.7	1.0	0.9	0.9	0.8	0.9
Other	9.7	2.7	8.5	14.0	14.9	16.7	11.8
Total	17.0	19.2	43.3	69.4	71.5	55.4	55.1
(N)	(30)	(831)	(1,723)	(1,753)	(1,593)	(1,254)	(7,184)
Rural							
Oral pill	5.3	6.8	8.1	8.8	9.9	7.1	8.3
Condom	1.4	1.5	3.3	4.9	4.0	2.6	3.4
IUD	–	5.2	8.4	16.4	18.3	17.6	14.6
Female Ster.	–	1.5	7.0	19.3	19.6	6.5	12.0
Male Ster.	–	0.7	3.4	5.7	4.2	4.4	4.0
Injection. Vaginal	–	0.1	0.9	0.2	0.9	0.4	0.5
Other	–	1.8	4.9	11.5	15.6	12.7	10.8
Total	6.7	17.6	36.0	66.8	72.5	51.3	53.6
(N)	(35)	(467)	(833)	(969)	(1,236)	(1,263)	(4,803)

Age specific contraceptive use rates by method are reported in Table 6-19. The oral pill, condom and loop methods are well accepted by younger women (ages 20-24); two thirds of the women using in this age group use one of these methods. These methods are also popular with women who are 25-29 years old; however, both tubal ligation and the rhythm method are more popular than any one of these methods for this age group. Above age 30, two-thirds of the use rate is accounted for by tubal ligation, IUD, and the rhythm method. Tubal ligation is particularly popular with women of ages 30-39. The IUD still exhibits widespread acceptance among rural women age 30 and above.

Fig. VI-3. Comparison of Percent Distribution of Current Contraceptive Users by Method in Urban and Rural



Comparing the present use levels with those of 1976 (Table 6-20), there is an upward trend in the practice of tubal ligation for women of all ages. For women 30 and above, there has been some decline in the use of the oral pill, condom and IUD, however, there has been no change in the use of the IUD by women in the 40-44 age group. In fact, the practice rate for tubal ligation for women in the age group 30-39 has increased three times or more from the rates for 1976.

Table 6-21 presents contraceptive practice rates by method, controlling for the actual number of living children. Women having no children or only one child are most likely to practice contraception by taking oral pills or using the condom.

Table 6-20. Trends in Contraceptive Use Rates for Currently Married Women Aged 15-44, by Method and Age

Category	Oral Pill	Condom	IUD	Female Ster.	Male Ster.	Other	Total (N)
1976[1]							
15-19	–	3.3	–	–	–	–	3.3 (30)
20-24	4.3	3.8	4.3	0.2	0.8	2.5	15.9 (606)
25-29	6.5	6.3	6.5	1.6	2.8	8.2	21.9 (1,217)
30-34	10.6	8.1	12.5	5.5	5.9	13.2	55.8 (1,122)
35-39	9.3	7.8	15.0	7.4	5.6	16.4	61.5 (1,113)
40-44	6.6	4.1	12.5	4.2	4.8	12.9	45.1 (920)
All	7.8	6.3	10.5	4.1	4.2	11.3	44.2 (5,008)
1979[2]							
15-19	4.6	2.2	–	–	–	4.6	11.4 (65)
20-24	5.8	3.5	4.1	1.5	1.0	2.7	18.6 (1,208)
25-29	6.9	6.3	6.5	9.1	3.8	8.3	40.9 (2,556)
30-34	8.6	6.6	9.7	21.5	8.2	13.9	68.5 (2,722)
35-39	7.8	5.3	12.6	22.6	7.7	15.9	71.9 (2,829)
40-44	5.9	3.3	12.6	10.6	6.2	14.7	53.3 (2,517)
All	7.2	5.2	9.6	14.5	5.9	12.1	54.5 (11,987)

Source: 1) Byungtae Park, *et al.*, 1976 national fertility and Family planning evaluation survey, KIFP, 1979.

2) Korean Contraceptive prevalence survey.

Table 6-21. The Current Contraceptive Use Rate for Currently Married Women Aged 15-44 by Method, Number of Living Children and Residence

Category	No. of Living Children						All
	0	1	2	3	4	5+	
National							
Oral pill	2.9	3.9	7.6	7.8	8.4	8.7	7.2
Condom	1.5	5.5	7.6	5.4	4.6	2.9	5.2
IUD	0.2	3.4	8.5	9.9	12.9	16.5	9.6
Female Ster.	0.6	2.3	15.0	22.2	19.6	12.7	14.5
Male Ster.	0.4	0.9	7.4	8.4	7.9	3.9	5.9
Injection, Vaginal	--	0.7	1.0	0.5	0.9	0.7	0.7
Otner	1.4	4.0	11.1	14.8	14.6	13.1	11.4
Total	7.0	20.7	58.2	69.0	58.9	58.5	54.5
(N)	(698)	(1,630)	(2,916)	(2,819)	(2,022)	(1,901)	(11,986)
Urban							
Oral pill	2.9	4.1	7.1	7.0	7.4	7.8	6.4
Condom	1.9	7.2	8.5	6.0	5.1	3.9	6.4
IUD	–	2.7	7.4	7.0	7.8	9.9	6.3
Female Ster.	0.7	2.7	17.2	25.2	21.8	14.3	16.2
Male Ster.	0.5	0.8	8.3	10.0	11.3	4.5	7.1
Injection, Vaginal	–	0.9	1.0	0.6	1.0	1.0	0.9
Other	1.8	4.5	12.1	16.5	14.4	15.8	11.8
Total	7.8	22.9	61.6	72.3	68.8	57.2	55.1
(N)	(492)	(1,143)	(2,165)	(1,827)	(984)	(573)	(7,184)
Rural							
Oral pill	2.8	3.3	9.0	9.2	9.4	9.0	8.3
Condom	0.7	1.4	5.0	4.3	4.2	2.5	3.4
IUD	0.4	4.9	11.6	15.1	17.7	19.3	14.6
Female Ster.	–	1.5	8.6	16.5	17.5	12.0	12.0
Male Ster.	0.6	1.0	4.7	5.5	4.7	3.7	4.0
Injection, Vaginal	0.2	–	0.8	0.3	0.9	0.4	0.5
Other	0.3	3.5	8.8	12.0	14.6	12.1	10.8
Total	5.0	15.6	48.5	62.9	69.0	59.0	53.6
(N)	(206)	(487)	(751)	(992)	(1,038)	(1,328)	(4,802)

Table 6-22. Current Contraceptive Use Rate for Currently Married Women Aged 15-44 by Method, Education and Residence

Category	No Schooling	Primary	Middle	High	College or Over	All
National						
Oral pill	8.4	8.3	6.5	5.3	3.2	7.2
Condom	2.5	3.3	6.4	7.9	14.8	5.2
IUD	14.3	11.8	7.2	5.8	4.1	9.6
Female Ster.	11.4	14.9	13.5	16.4	15.8	14.5
Male Ster.	4.2	4.6	7.2	7.7	10.3	5.9
Injection, Vaginal	0.4	0.6	0.8	0.9	1.2	0.7
Other	9.7	10.8	11.3	14.0	11.7	11.4
Total	50.9	54.2	52.9	58.0	61.1	54.5
(N)	(1,077)	(5,623)	(2,843)	(1,934)	(507)	(11,984)
Urban						
Oral pill	7.3	7.7	6.0	5.5	3.3	6.4
Condom	2.7	3.7	6.8	8.0	15.3	6.4
IUD	7.9	7.4	6.1	5.3	3.8	6.3
Female Ster.	13.7	17.2	14.5	17.2	15.9	16.2
Male Ster.	7.6	5.8	7.5	7.8	10.0	7.1
Injection, Vaginal	1.0	0.8	1.0	0.8	1.0	0.9
Other	11.5	11.1	11.1	14.2	11.7	11.8
Total	51.7	53.7	53.0	58.8	61.0	55.1
(N)	(291)	(2,644)	(2,078)	(1,690)	(478)	(7,181)
Rural						
Oral pill	8.8	8.7	7.8	3.8	–	8.3
Condom	2.4	2.9	5.2	7.5	6.3	3.4
IUD	16.6	15.6	10.4	9.3	12.0	14.5
Female Ster.	10.6	12.8	10.7	10.9	12.9	12.0
Male Ster.	2.9	3.4	6.3	6.6	14.8	4.0
Injection, Vaginal	0.3	0.5	0.5	1.4	3.4	0.5
Other	9.1	10.7	11.8	12.5	12.7	10.4
Total	50.7	54.6	52.7	52.0	62.1	53.6
(N)	(786)	(2,979)	(765)	(244)	(29)	(4,803)

Table 6-23. Government and Self-Supported Use Rates for Currently Married Women Ages 15-44 by Method and Year

Category	1973[1]			1976[2]			1979[3]		
	Gov't	Self	Total	Gov't	Self	Total	Gov't	Self	Total
Oral pill	5.3	2.7	8.0	4.7	3.1	7.8	3.7	3.5	7.2
Condom	3.6	2.9	6.5	3.1	3.2	6.3	1.6	3.6	5.2
IUD	7.9	–	7.9	9.5	1.0	10.5	9.0	0.6	9.6
Tubal ligation	–	–	–	1.1	3.0	4.1	9.8	4.7	14.5
Vasectomy	4.6	–	4.6	3.7	0.5	4.2	5.4	0.5	5.9
Others	–	9.0	9.0	–	11.3	11.3	–	12.1	12.1
All	21.4	14.6	36.0	22.1	22.1	44.2	29.5	25.0	54.5

Source: 1) Kun Yong Song, Sung Hyun Han, 1973 National Family Planning and Fertility Survey, 1974, p. 133.
2) Byung Tae Park, *et al.*, 1976 National Fertility and Family Planning Evaluation Survey, 1978, p. 203.
3) Korean Contraceptive Prevalence Survey.

Table 6-24. Government and Self-Supporting Contraceptive Practice Rates for Currently Married Women Aged 15-44, by Method and Residence

Method	National		Urban		Rural	
	Gov't	Self	Gov't	Self	Gov't	Self
Oral pill	3.7	3.5	2.2	4.2	6.0	2.3
Condom	1.6	3.6	1.3	5.0	2.1	1.3
IUD	9.0	0.6	5.6	0.7	14.0	0.6
Female Ster.	9.8	4.7	9.9	6.3	9.6	2.4
Male Ster.	5.4	0.5	6.4	0.7	3.9	0.1
Injection, Vaginal	–	0.8	–	0.9	–	0.5
Other	–	11.3	–	11.9	–	10.7
Total	25.9	25.0	25.4	29.7	35.6	18.0
(N)	(11987)		(7184)		(4803)	

The highest rate of tubal ligation was observed for women who had two to four children. However, the use of IUD was most likely among women who had five or more children. Looking at differences by residence, urban women with two or more children were most likely to accept tubal ligation while rural women with two or more children rely more heavily on the IUD.

Table 6-22 examines contraceptive use rates by method in connection with women's educational background. Tubal ligation predominates at every educational level, except for those with no schooling at all. Women with less education tend to accept female contraceptive methods, such as the oral pill and IUD, while women who are more educated are more likely to rely upon male contraceptive methods such as the condom and vasectomy. Reliance upon the condom is particularly high for women with a college education. It appears that a large percentage of less educated women assume all contraceptive responsibilities themselves, and women with a higher education are more likely to share the responsibility of contraception with their husbands.

In general, the practice rates for female contraceptive methods are much higher in this country than are those for male contraceptive methods. This is compatible with the fact that the national family planning program has placed a greater emphasis on the widespread use of female contraceptive methods, rather than male contraceptive methods.

6.2.3. Practice Rate by Channel of Source

The Korean Government has adopted the family planning program as an essential part of the economic development plan since 1962. Five contraceptive methods, IUD, oral pill, male sterilization, female sterilization and condom have been made available to clients, primarily through the government health network. The condom, oral pill and vaginal methods are also available through the commercial sales network such as drugstores.

The 6-23 analyzes contraceptive use rates by source of support (government or self-supported). Use rates for government supported methods were 21 and 22 percent in 1973 and 1976, respectively. The rate jumped to close to 30 percent in 1979. This increase appears to be related to the acceptance of tubal ligation. Use rates for self-supported methods and supplies have steadily increased from 15 percent in 1973 to 22 percent in 1976, and to 25 percent in 1979.

Rates of use by source of support for each method are also shown in Table 6-23. Comparing rates for 1976 and 1979, use of government provided oral pills

and condoms has shown a downward trend while the self-supported use of these methods has increased slightly. Comparing male and female sterilization, the use rate from government supported sources increased from 4.8 percent in 1976 to 15.2 percent in 1979, while the rate for self-supported sources increased from 3.5 to 5.2 percent. Acceptance of tubal ligation through the government program, increased from about one percent in 1976 to close to 10 percent in 1979. The use rate for IUD insertion declined slightly regardless of source of support.

Analyzing government and self-supporting use rates by residence, 25.4 percent was attributed to the government program in urban areas, and 29.7 percent by self-supporting program. In comparison, 35.6 percent was attributed to the government program and 18.0 percent to self-supporting programs in rural areas. (See Table 6-24.) A method specific analysis indicates that the oral pill and condom users in urban areas are more likely to be self-supporting, while rural residents are more likely to use the government program. The rate of self-supported contraceptive use is consistently higher in urban areas, primarily because of urban/rural differences in economic status and an unbalanced distribution of medical facilities. Those who are living in urban areas can afford to visit clinics and drugstores to get contraceptives and services at their own expense, and these facilities are more densely concentrated in metropolitan and urban areas.

6.2.4 Differences in Use Rates by Women's Characteristics

Use rates may differ by a woman's age, education, residence, occupational status, number of living children and the children's sex, etc. Information on use rates by such characteristics can be useful for national program planning and evaluation.

6.2.4.1 Differences in Use Rate by Residence

Reviewing the current status of contraceptive use rates by residence shows no remarkable difference between the urban rate (55.1 percent) and the rural rate (53.6 percent). However, there is a difference in use rates by residence when age is taken into account (See Table 6-25). Younger women (ages 25-29) from urban areas show a higher use rate (43.3 percent), compared to younger women from rural areas (36.0 percent). Use rates for women with three children or less are consistently higher for urban residents. This suggests that the smaller family norm is stronger among urban residents. Residences appears to be of little importance when educational differences are examined. Only one group, high school graduates,

Table 6-25. Current Contraceptive Use Rate for Currently Married Women Aged 15-44 by Age, Number of Living Children, Education and Residence

Category	National	Urban	Rural
All	54.5	55.1	53.6
Age			
15-19	11.4	17.0	6.7
20-24	18.6	19.2	17.6
25-29	40.9	43.3	36.0
30-34	68.5	69.4	66.8
35-39	71.9	71.5	72.5
40-44	53.3	55.4	51.3
No. of Living Children			
0	7.0	7.8	5.0
1	20.7	22.9	15.6
2	58.2	61.6	48.5
3	69.0	72.3	62.9
4	68.9	68.8	69.0
5+	58.5	57.2	59.0
Education			
No school	50.9	51.7	50.7
Primary	54.2	53.7	54.6
Middle	52.9	53.0	52.7
High	58.0	58.8	52.0
College+	61.1	61.0	62.1

shows any appreciable disparity in practice rates by residence. In this case the use rate for urban residents is 59 percent compared to 52 percent for rural residents.

6.2.4.2 Differences in Use Rates by Age and Actual Number of Living Children

Examining age specific contraceptive use rates in Korea, the rate increases with each successive age group, reaching a level of 71.9 percent for ages 35-39, and then declines to 53.3 percent for ages 40-44 (See Table 6-26).

Analyzing age specific contraceptive use rates in connection with number

of living children, older women with many children have a higher use rate than younger women with fewer children. Women aged 35-39 with 4 children have a contraceptive use rate of 78 percent, the highest rate for any particular group. On the other hand, women who are 40-44 and have five children show a use rate of 51 percent. A lower use rate is to be expected in this age group due to infecundity and pregnancy termination.

In sum, a high rate of contraception is observed for older women having many children and for younger women who have fewer children. Specifically, the highest rates of contraception by age group and number of living children were: women younger than 30 years of age with two children, women aged 30-39 when they have three children, and women 35 years older when they have four children. This pattern suggests that the smaller family norm is stronger among younger women in Korea.

Table 6-26. Current Contraceptive Use Rates for Currently Married Women Aged 15-44 by Number of Living Children, Age and Education

Category	No. of Living Children						All
	0	1	2	3	4	5+	
All	7.0	20.7	58.2	69.0	68.9	58.5	54.5
Age							
15-19	16.7	3.8	59.1*	–	–	–	11.4
20-24	6.7	18.4	32.8	28.8	22.6	–	18.6
25-29	5.8	19.9	53.7	51.7	45.8	40.7*	40.9
30-34	13.4	29.6	70.7	76.6	71.0	58.5	68.5
35-39	5.6	33.1	65.0	76.5	78.4	72.0	71.9
40-44	–	6.8	50.3	60.5	58.9	50.7	53.3
Education							
No schooling	11.7	17.1	48.9	53.5	61.2	50.5	50.9
Primary	4.6	15.3	47.2	66.0	66.9	59.7	54.2
Middle	7.8	19.0	57.5	70.9	77.2	72.2	52.9
High	6.9	26.8	72.1	78.8	76.9	68.5	58.0
College +	10.1	35.9	75.7	78.9	81.4	50.0*	61.1

* Less than 20 respondents.

6.2.4.3 Changes of the Use Rates by Educaton and Number of Living Children

Level of education is one of the more important variables which affect a woman's contraceptive use behavior. In general, those who are more educated have relatively higher contraceptive use rates when compared to those with less education. Those with no formal education have a contraceptive practice rate of 51 percent compared to 61 percent for those who have a college education or better (Table 6-26).

Although the overall use rate for those who have completed middle school is slightly lower than the rate for those with only a primary school education (See Table 6-26), this is primarily a function of the different age structures for these two groups. If the practice rate within these groups are examined by number of living children, those with a middle school education are found to have practice rates consistently higher than for those with a primary education.

The practice rates for women with a primary education are 47.2 percent for those with two children, and 66.9 percent for those with four children, – difference of 20 points. This is quite a contrast to the small difference for women with a high school education and two or four children. The practice rates for these groups are 72.1 percent and 76.9 percent respectively. This suggests that the small family norm has greater acceptance among those with more children.

6.2.4.4 Use Rate Differences by Woman's Occupation

Table 6-27 presents contraceptive rates in connection with the woman's current employment status. Those who are employed have a practice rate of 57.9 percent and those who are unemployed have a practice rate of 52.8 percent. Although there is some difference, it is associated with a difference in age structure and to number of living children. Table 6-27 indicates that once number of living children is taken into account, contraceptive practice rates for those who are and are not employed are much the same. Those who are employed tend to be older and to have more children than those who are not employed.

Table 6-27 presents contraceptive practice rates by number of living children and by type of occupation. Women engaged in professional, managerial or administrative capacities have the highest contraceptive use rate (66.6 percent), and among the employed women in agriculture it shows the lowest rate (53.8 percent). This pattern holds true even when number of living children is taken into account. It is also true, of course, that those engaged in professional positions are more likely to reside in urban areas, which is also an important variable with respect to contraceptive use rates.

Table 6-27. Current Contraceptive Use Rate for Currently Married Women Aged 15-44 by Number of Living Children and Occupations

No. of Living Children	Un-employed	Professional Administrative	Selling Service	Agri-culture	Productive Labor	All
0	7.3	11.0	7.0	1.3	5.7	7.0
1	20.6	36.3	19.4	11.7	26.3	20.7
2	57.9	85.8	62.4	38.0	65.6	58.3
3	69.5	83.0	73.0	59.8	66.7	69.0
4	68.2	77.5	71.4	67.4	71.6	68.9
5+	57.8	76.0*	60.7	58.5	59.4	58.5
All	52.8	66.6	60.5	53.8	59.2	54.5
(N)	(7,982)	(242)	(1,272)	(1,605)	(874)	(11,975)

* Number of respondents are less than ten women.

6.2.4.5 Differences in Use Rates by Number and Sex of Living Children

Table 6-28 shows the current contraceptive practice rate of currently married women aged 15-44 by number of living children and by number of sons.

Table 6-29 presents similar information by number of daughters. In general,

Table 6-28. Current Contraceptive Use Rates for Currently Married Women Aged 15-44 by Number of Living Children and Number of Living Sons

No. of Living Children	No. of Living Sons				All
	0	1	2	3+	
0	7.0	—	—	—	7.0
1	15.4	24.8	—	—	20.7
2	32.9	59.5	67.3	—	58.2
3	39.5	67.0	72.9	76.4	69.0
4	43.9	65.2	74.4	68.3	68.9
5+	20.8	59.1	64.5	56.4	58.5
All	19.7	54.3	70.3	64.8	54.5

Table 6-29. Current Contraceptive Use Rates for Currently Married Women Aged 15-44 by Number of Living Children and Number of Living Daughters

No. of Living Children	No. of Living Daughters				All
	0	1	2	3+	
0	7.0	–	–	–	7.0
1	24.8	15.4	–	–	20.7
2	67.3	59.5	32.9	–	58.2
3	76.4	72.9	67.0	39.5	69.0
4	63.2	69.5	74.4	61.7	68.9
5+	58.1	52.8	57.9	59.4	58.4
All	42.3	57.0	62.4	58.1	54.5

the use rates increase with more children, stabilizing at 3-4 children, then decreasing somewhat for women with five or more children. However, the use rates by number of living children are also affected by the sex of these children. The use rates are lower if all of the children are daughters (15.4 percent, 32.9 percent, and 39.5 percent for one, two and three daughters, respectively) compared to the use rate for women with sons only (24.8 percent, 67.3 percent, and 76.4 percent for one, two and three sons respectively). It is clear that the traditional preference for sons is still strong in Korea.

6.3. Use Rates by Province

Table 6-30 presents use rates by age, province and standardization* by age. Seoul has the highest use rate, 57.9 percent, or 58.1 percent when standardized by age. The lowest rates of practice were in Kyungnam province (49.5 percent) and Jeonnam (50.7 percent), which have standardized rates of 49.8 percent and 48.8 percent, respectively. Urban Busan has a surprisingly low practice rate of 50.2 percent or 50.9 percent when standardized.

Table 6-31 shows methods specific contraceptive use rates by province. In Seoul, 29 percent of child-bearing women aged 15-44 practice contraception by male or female sterilization. This represents approximately one half of all users in Seoul. Female sterilization predominates male sterilization by two to one in Seoul. Sterilization is the predominant method in Busan city and Gyeonggi

Table 6-30. Contraceptive Use Rates by Provinces, 1979

Age	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
15-19	16.7	16.7	20.0	11.1	–	–	33.3	–	–	–
20-24	22.1	15.2	20.8	23.2	23.2	16.1	15.3	13.6	16.8	16.2
25-29	47.3	39.6	43.6	36.8	36.4	44.7	33.2	28.2	38.9	35.0
30-34	71.9	65.0	69.4	71.0	67.6	66.3	67.3	59.3	70.2	67.6
35-39	72.3	68.1	74.6	71.3	74.0	72.7	68.6	67.5	76.5	69.2
40-44	57.6	47.1	52.1	58.1	60.3	53.5	46.2	56.5	54.6	42.4
Total	57.9	50.2	55.4	55.9	56.7	55.8	50.5	50.7	55.9	49.5
(N)	(1,354)	(1,282)	(1,210)	(1,118)	(1,047)	(1,038)	(1,102)	(1,074)	(1,168)	(1,209)
Standardized Rate	58.1	50.9	56.0	55.6	55.7	54.7	50.1	48.8	55.6	49.8

* Foot note: Standardization was done based on surveyed population age structure in this survey.

province as well. In general, sterilization is well accepted in the metropolitan area and cities, and the IUD in rural areas. In Chungbuk for example, 34 percent of all users reported using the IUD.

Table 6-32 presents use rates by source of supply and province. Residents

Table 6-31. Contraceptive Use Rates by Method and Province: 1979

Methods	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
Oral pill	6.4	5.0	7.6	10.2	8.7	8.4	6.6	6.3	8.7	6.6
Condom	7.5	5.2	5.0	5.6	4.3	4.8	3.4	3.2	3.9	4.1
IUD	4.8	6.4	7.5	13.5	19.4	13.9	13.0	12.1	13.2	11.0
Tubal ligation	18.9	15.8	17.4	10.8	9.7	12.6	14.3	11.3	10.1	12.0
Vasectomy	9.8	5.9	6.1	3.0	5.1	4.7	3.0	4.6	3.6	3.9
Others	10.5	11.9	11.8	12.8	9.5	11.4	10.2	13.2	16.4	11.9
Total	57.9	50.2	55.4	55.9	56.7	55.8	50.5	50.7	55.9	49.6
(N)	(1,354)	(1,282)	(1,210)	(1,118)	(1,074)	(1,038)	(1,102)	(1,047)	(1,168)	(1,209)

of Seoul and Busan cities are more likely to practice contraception without benefit of government support (particularly Seoul), while the other areas are more likely to obtain supplies and services through the government program (particularly Chungbuk).

Examining the contraceptive use rates within provinces by number of living children, Table 6-33 indicates that in Seoul and Busan cities and Gyeongnam province woemn with three living children have the highest use rates. In the other provinces, the rate is highest when women have three or four children. In most areas, the use rate approaches the overall area average when women have two children, however, the use rate for women with two children in Seoul is significantly higher than the standardized average for that area.

6.4. Main Reasons for Not Using Contraceptives

The main reasons for not using contraceptives for a total of 5,445 child bearing women, ages 15-44, who do not practice contraception, are presented in Table 6-34. The most common reasons given are: currently pregnant or wanting additional children, 37.3 percent; post partum, 22.2 percent; infecundity or menstrual termination, 19.2 percent. Other reasons are health, shortage of contraceptives, separated from husband, and side-effects.

In most cases, reasons for not practicing contraception is similar for urban and rural residents (Table 6-34). There was some differences in the proportion of pregnant women or those desiring more children (39 percent in urban areas and 35.1 percent in rural areas), and in the number who were infecund (17.0 percent in urban areas and 22.4 percent in rural areas). Temporary separation is somewhat higher in urban areas, and this is related to employment patterns that are associated with urban areas (such as employment overseas).

Table 6-35 examines reasons for not using contraceptives by age group. For women under 35, desiring children or currently pregnant are the most common reasons for not practicing contraception. For those 35 and over, menopause is the primary reason cited for not practicing contraception.

Table 6-36 examines reasons for not using contraceptive methods by province. Other than the urban/rural differences already mentioned, the distribution of reasons for not practicing contraception is similar among the provinces.

Table 6-32. Contraceptive Use Rates by Source of Supply and Province, 1979

Method	Seoul		Busan		Gyeonggi		Gangwon		Chungbuk	
	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self
Oral pill	1.4	5.0	1.4	3.6	4.0	3.6	7.4	2.8	6.9	1.8
Condom	0.8	6.7	1.2	4.0	2.0	3.7	3.9	1.7	2.5	1.8
IUD	3.9	0.9	5.5	0.9	7.3	0.2	13.1	0.4	18.9	0.5
Tubal ligation	11.6	7.3	11.0	4.8	12.6	4.8	8.5	2.3	7.6	2.1
Vasectomy	8.7	1.1	5.2	0.7	5.8	0.3	3.0	–	4.9	0.2
Other	–	10.5	–	11.9	–	11.8	–	12.8	–	9.5
Total	26.4	31.5	24.3	25.9	31.7	23.7	35.9	20.0	40.8	15.9
(N)	(1,354)		(1,282)		(1,210)		(1,118)		(1,074)	

Method	Chungnam		Jeonbuk		Jeonnam		Gyeongbuk		Gyeongnam	
	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self
Oral pill	5.2	3.2	4.2	2.4	4.2	0.8	4.9	3.8	4.1	2.5
Condom	2.2	2.6	1.4	2.0	1.4	1.2	1.8	2.1	1.4	2.7
IUD	13.4	0.5	12.4	0.6	12.4	–	12.4	0.8	9.8	1.2
Tubal ligation	10.0	2.6	6.4	7.9	6.4	3.2	7.5	2.6	8.9	3.1
Vasectomy	4.6	0.1	2.9	0.1	2.9	0.3	3.2	0.4	3.8	0.1
Others	–	11.4	–	10.2	–	13.2	–	16.4	–	11.9
Total	35.4	20.4	27.3	23.2	27.3	18.7	29.8	26.1	28.0	21.5
(N)	(1,038)		(1,102)		(1,047)		(1,168)		(1,209)	

Table 6-33. Contraceptive Use Rate by Number of Living Children and Province, 1979

No. of Living Children	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
0	7.8	6.7	9.0	5.4	4.3	6.8	5.7	5.5	6.1	5.9
1	28.9	13.6	21.2	12.0	13.9	19.2	14.4	11.5	19.9	1..2
2	68.0	55.9	55.7	58.2	50.3	56.5	41.0	38.7	54.7	49.0
3	73.5	70.1	68.9	65.9	67.1	69.7	60.9	55.9	70.2	67.7
4	71.3	60.4	69.2	71.3	67.3	70.8	67.7	69.2	74.0	60.7
5+	54.3	50.0	65.3	64.0	69.9	57.8	53.7	58.3	58.2	54.2
Total	57.9	50.2	55.4	55.9	56.7	55.8	50.5	50.7	55.9	4?.5
(N)	(1,354)	(1,282)	(1,210)	(1,118)	(1,047)	(1,038)	(1,102)	(1,074)	(1,168)	(1,209)

Table 6-34. Reasons for Not Using Contraceptive Methods for Currently Married Women Aged 15-44 by Residence

Reasons	National	Urban	Rural
Want pregnancy	37.3	38.9	35.1
Post partum	22.2	22.0	22.4
Menopause	19.2	17.0	22.4
Health	7.4	7.9	6.6
Shortage of supply	5.2	4.7	6.0
No husband	3.5	4.4	2.1
Side effect	2.2	1.7	2.9
Others	3.1	3.4	2.5
Total	100.0	100.0	100.0
(N)	(3,222)	(2,224)	(5,445)

Table 6-35. Reason for Not Using Contraceptive Method for Currently Married Women Aged 15-44 by Age

Reasons	15-19	20-24	25-29	30-34	35-39	40-44	All
Want pregnancy	51.4	62.6	54.8	37.8	17.4	4.7	37.3
Post partum	41.5	32.0	33.6	26.5	11.1	2.0	22.2
Menopause	–	0.1	1.0	6.3	26.1	65.3	19 2
Health	–	0.6	1.7	7.9	17.7	13.8	7.4
Shortage of supply	1.7	1.9	3.5	7.3	11.1	5.1	5.2
No husband	5.4	1.5	2.6	6.9	6.2	2.0	3.5
Side effect	–	0.3	0.8	2.7	4.3	4.0	2.2
Others	–	1.0	2.0	4.7	6.2	3.2	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(57)	(1,053)	(1,510)	(857)	(794)	(1,174)	(5,455)

Table 6-36. Reason for Not Using Contraceptive Method for Women Aged 15-44 by Province

Reasons	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
Want pregnancy	39.1	35.2	39.1	34.4	33.0	32.5	36.0	39.1	39.1	35.1
Post partum	22.2	22.6	19.3	26.3	28.4	24.1	21.0	21.3	21.4	22.8
Menopause	18.3	20.4	19.1	19.3	22.6	22.6	23.7	14.9	18.7	20.3
Health	9.5	5.7	8.1	6.7	4.1	9.4	5.1	6.4	7.4	5.2
Shortage of supply	1.4	6.1	3.5	4.1	6.0	3.5	7.9	10.5	6.0	8.7
No husband	4.6	6.4	4.6	3.7	1.3	1.8	1.5	1.6	2.3	3.0
Side effect	0.7	1.9	2.2	1.2	3.9	2.9	.26	4.8	2.7	1.8
Others	4.2	1.7	3.9	4.3	0.6	3.3	2.2	1.4	2.3	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(568)	(637)	(540)	(491)	(464)	(456)	(544)	(516)	(514)	(610)

CHAPTER 7

HIGH RISK WOMEN

7.1 Introduction

In an effort to further clarify the risk of unwanted pregnancy to which Korean women are exposed, the following chapter endeavors to identify high risk women by removing various lower risk groups from the population. Table 7-1 presents data from 1974, 1976 and 1979 on current pregnancy status of 15-49 year old women who had ever been married. For the purpose of defining all of those currently at risk of pregnancy, the following categories of women were removed from the total number of ever-married women ages 15-49:

- o Those currently pregnant
- o Those who are divorced or separated
- o Those who are naturally sterile or menopausal*
- o Those who have been surgically sterilized, including women whose husbands have been sterilized

Table 7-1. Percent Distribution of Exposure Status of Ever-Married Women Ages 15-49: 1974-1979

Year	Currently Pregnant	Divorced Widowed Separated	Naturally* Sterile or Menopausal	Surgically Sterilized	Fecund
1974	10%	7%	12%	5%	66%
1976	9	6	9	7	69
1979	7	6	1(16)	18	69(53)

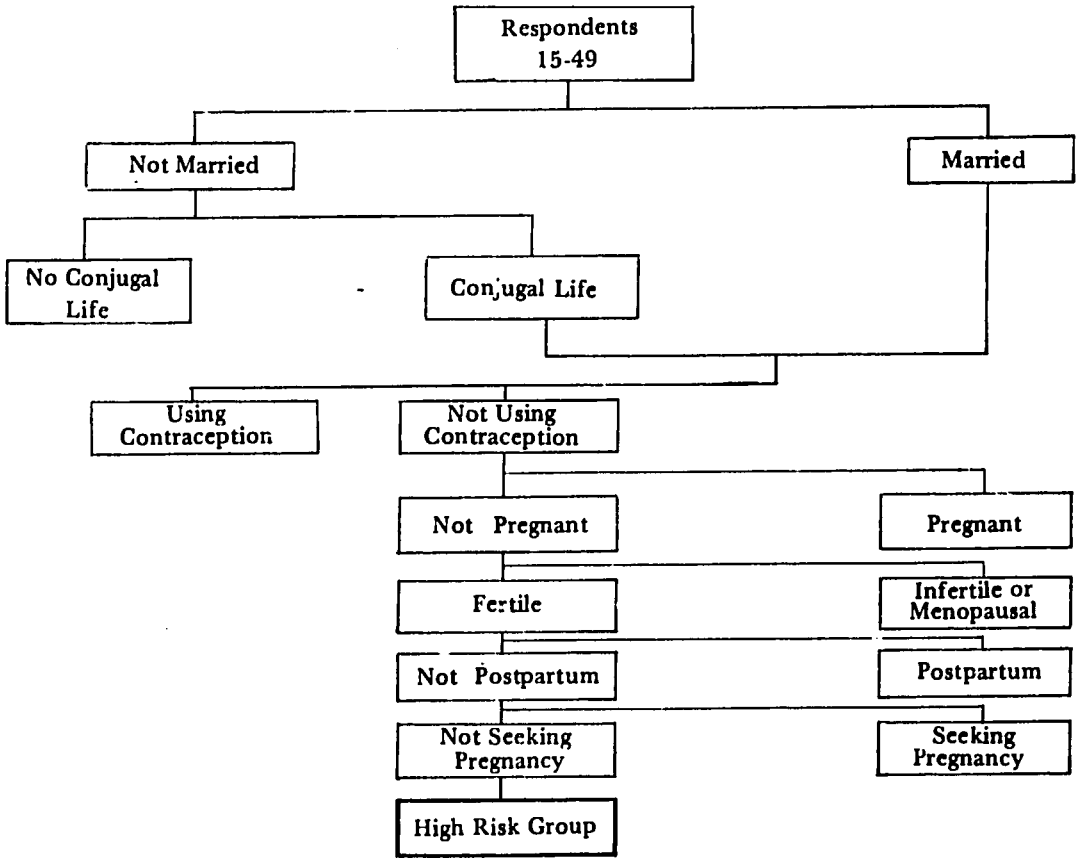
( ): Those respondents who in addition to the qualifications listed above, believe themselves to be infecund or menopausal when asked for their reasons for not practicing contraception.

Source: 1) BOS/KIFP, the national fertility survey report, 1977.
2) Byungtae Park, *et al.*, 1976 national fertility and family planning evaluation survey, 1979.
3) Korean Contraceptive Prevalence Survey.

7.2 Classification Technique of Target Group

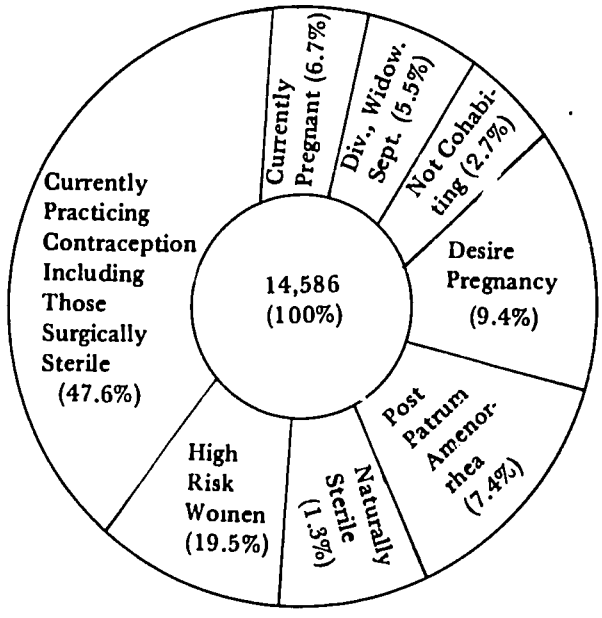
Not all of those women who are fecund or at risk of pregnancy are in the high risk target group for contraceptive services. Specifically, the high risk target group was derived by excluding those not cohabitating and those with specific reasons for not practicing contraception, such as the desire for additional children, as well as those categories mentioned above (currently pregnant, divorced, widowed or naturally sterile or menopausal; physically sterilized). This is presented schematically in Figure VII-1 and numerically in Figure VII-2.

Accordingly, a potential contraceptive use level of two-thirds of all ever-married women at age 15-49 (those currently practicing contraception plus those at high risk) is possible.



Note: The naturally sterile category represents women whose age was more than 30 and who had never been pregnant. Menopausal women were defined as women whose open pregnancy interval was more than 5 years, whose last menstruation was more than 2 months, and who identified themselves as menopausal.

Figure VII-2. Distribution of Target Group by Classification Category



7.3 High Risk Group by Women's Characteristics

7.3.1 Age Distribution of High Risk Women

Table 7-2 presents the distribution of exposure status of ever-married women by age. Examining each age group, age group 45-49 has the highest proportion of high risk women, and age group 20-24 has the smallest proportion.

7.3.2 Educational Distribution of High Risk Women

According to the distribution of exposure status by education as education increases, the proportion of high risk women decreases. The proportion of high risk women with a college education is 5.5 percent, compared to 40.4 percent for women with no schooling (see Table 7-3).

7.3.3 Economic Activities of High Risk Women

The percent distribution of exposure status by occupation is shown in Table 7-4. Women in traditional economic activities like agriculture, fishery and forest have the highest proportion of high risk women, while the lowest proportion of high risk women are in the professional, administrative and management group.

Table 7-2. Percent Distribution of Exposure Status by Age of Ever-Married Women: 1979

Age	No. of Women	Currently Pregnant	Divorced Widowed or Separated	Currently Practicing Contracep.	Not Cohab-iting	Want Preg-nancy	Post-partum Amenor-rhoea	Sterile or Meno-pausal	High Risk Women
15-19	65(100.0)	23.1%	1.5%	10.8%	–	24.6%	33.8%	–	6.2%
20-24	1,307(100.0)	26.2	0.7	18.5	0.2	30.9	21.6	–	2.0
25-29	2,579(100.0)	16.3	0.8	40.7	0.9	20.4	17.8	–	3.2
30-34	2,787(100.0)	5.4	2.1	67.0	2.5	8.2	7.6	0.2	7.0
35-39	2,996(100.0)	1.1	5.3	68.7	3.0	4.2	2.7	0.4	14.6
40-44	2,781(100.0)	0.3	9.1	48.8	4.6	1.0	0.6	2.5	32.3
45-49	2,071(100.0)	0.2	14.7	18.0	3.9	0.6	0.2	4.7	57.6
Total	14,586(100.0)	6.7	5.5	47.6	2.7	9.4	7.4	1.3	19.5

Table 7-3. Percent Distribution of Exposure Status by Education of Women: 1979

Education	No. of Women	Currently Practicing Contracep.	Currently or Seeking Pregnancy	Divorced, Widowed, Separated	Not Cohab-iting	Post-partum Amenor-rhoea	Sterilized and Meno-pausal	High Risk Women
No schooling	1,893(100.0)	34.6%	5.3%	11.3%	3.1%	2.5%	2.8%	40.4%
Primary	6,948(100.0)	46.7	41.0	6.0	2.9	6.8	1.6	22.1
Middle	3,090(100.0)	50.6	22.5	2.9	2.0	10.9	0.4	10.7
High	2,094(100.0)	55.2	21.6	2.9	2.4	8.8	0.6	8.5
College	561(100.0)	48.1	21.6	3.7	4.1	6.8	0.2	5.5
Total	14,586(100.0)	47.6	16.0	5.5	2.7	7.4	1.3	19.5

7.3.4 Distribution of High Risk Women by Residence and Province

According to the percent distribution of exposure status by residence, rural areas have the highest proportion of high risk women. (See Table 7-5.)

The percent distribution of exposure status by province is shown in Table 7-6. Seoul has the lowest proportion of high risk women, while Jeonbuk and Chungnam provinces have the highest proportion.

Table 7-4. Percent Distribution of Exposure Status by Occupation of Women: 1979

Occupation	No. of Women	Currently or Seeking Pregnancy	Currently Practic. Contra-ception	Divorced Widowed Separated	Not Cohab-iting	Post-partum Amenor-rhoea	Sterilized and Meno-pausal	High Risk Women
No Activity	9,281(100.0)	18.5%	47.9%	3.0%	1.9%	8.8%	1.2%	18.7%
Professional, Administra-tion & Management	174(100.0)	17.9	61.8	7.5	4.6	5.8	1.2	1.2
Clerical	116(100.0)	9.5	58.6	6.9	1.7	8.6	—	14.7
Sales & Service	1,675(100.0)	11.0	49.4	13.0	6.1	3.3	1.8	15.4
Agriculture, Fishery & Forestry	2,162(100.0)	11.5	43.3	6.5	1.9	6.4	1.4	29.0
Skilled	633(100.0)	9.9	49.1	14.1	6.9	2.5	1.1	16.4
Unskilled	518(100.0)	14.7	48.2	9.5	3.7	4.6	1.2	18.1
Total	14,559(100.0)	16.0	47.7	5.5	2.7	7.3	1.3	19.5

Table 7-5. Percent Distribution of Exposure Status by Residence of Women: 1979

Residence	No. of Women	Currently Pregnancy	Divorced Widowed Separated	Currently Practicing Contra-ception	Want Preg-nancy	Not Cohab-iting	Post partum Amenor-rhoea	Sterilized and Meno-pausal	High Risk Women
All Korea	14,585(100.0)	6.9%	5.5%	47.6%	9.1%	2.7%	7.4%	1.3%	19.5%
Large Cities	4,798(100.0)	7.4	5.2	50.4	8.6	3.2	7.1	1.4	16.8
Other Cities	3,635(100.0)	7.9	5.6	48.1	10.3	3.0	7.6	1.0	16.5
Rural	6,153(100.0)	5.4	5.6	45.1	9.4	2.2	7.5	1.4	23.3

Target contraceptive practice rates by province are shown in Table 7-7. Seoul has the lowest proportion of high risk women yet to be recruited. Busan shows the lowest achievable target contraceptive use level (54.7 percent) and Chungnam has the highest (67.9 percent).

Table 7-6. Percent Distribution of Exposure Status by Province: 1979

Category	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
Currently pregnant	7.0%	8.6%	6.8%	5.6%	6.8%	3.8%	6.1%	7.1%	6.4%	6.6%
Divorced, widowed, & separated	4.5	7.2	5.8	5.3	3.7	4.7	5.8	6.0	6.2	5.5
Currently using	53.1	43.4	47.5	48.2	49.7	49.0	42.6	42.6	48.3	43.1
Not cohabiting	3.0	3.7	3.9	2.7	1.7	1.6	2.0	1.5	2.8	2.0
Want children	15.9	16.3	15.0	15.1	14.8	13.5	16.3	17.8	16.6	17.3
Postpartuam & Amenorrhoea	6.6	8.4	6.3	8.5	8.9	7.5	7.4	8.1	6.8	8.7
Sterile	0.3	0.5	0.4	0.4	0.2	0.2	0.4	0.3	0.3	0.2
Menopausal	1.2	0.7	1.0	1.2	0.9	0.9	0.8	1.0	0.9	0.9
High risk women	8.6	11.3	13.3	13.0	14.3	18.9	18.6	15.6	11.7	15.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(1,533)	(1,554)	(1,506)	(1,382)	(1,332)	(1,290)	(1,402)	(1,331)	(1,432)	(1,514)

Table 7-7. Potential Level of Contraceptive Use by Province for Ever-Married Women 15-49: 1979

Contraceptive Status	Seoul	Busan	Gyeong gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyeong buk	Gyeong nam
Currently practice	53.1%	43.4%	47.5%	48.2%	48.7%	49.0%	42.6%	42.6%	48.3%	43.1%
High risk women	8.6	11.3	13.3	13.0	14.3	18.9	18.6	15.6	11.7	15.7
Potential Use Level	61.7	54.7	60.8	61.2	63.0	67.9	61.2	58.2	60.0	58.8

CHAPTER 8

CONTRACEPTIVE AVAILABILITY

8.1 Introduction

Availability of contraceptive products and services in a community is critical to the success of any family planning program. Lee, *et al.*,[1] and Hong[2] have studied fertility behavior as it relates to individual and community characteristics. Research by the Korean Institute for Family Planning has demonstrated the postive relationship between availability and contraceptive use.[3]

In measuring availabiiity, there are two kinds of approaches: community based and individual based. The former deals with exposure status, utilization of clinic services, and supply points. The latter deals with knowledge about contraceptive methods, including identification of supply points, perceived waiting time and costs, and attitudes toward contraceptive services. In KCPS, the individual approach was used to measure availability. Questions were asked about where services were obtained, selection of supply points assuming future practice, time to reach the place of service, and service charges. Responses were then analyzed for two groups of women – those who had ever used a particular family planning method, and those who had never used a particular family planning method.

8.1.1 Knowledge of Method and Place of Service

Figure VIII-1 presents knowledge of methods and place of service for all ever-married women, ages 15-49. The five methods addressed are the oral pill, condom, IUD, female and male sterilization, and induced abortion. With the exception of the condom, (Known by 82.4 percent of the women) more than 90 percent of the women were aware of all of these methods.

Levels of method knowledge and source knowledge are almost the same for all but male methods. Although 82 percent of the respondents knew about the

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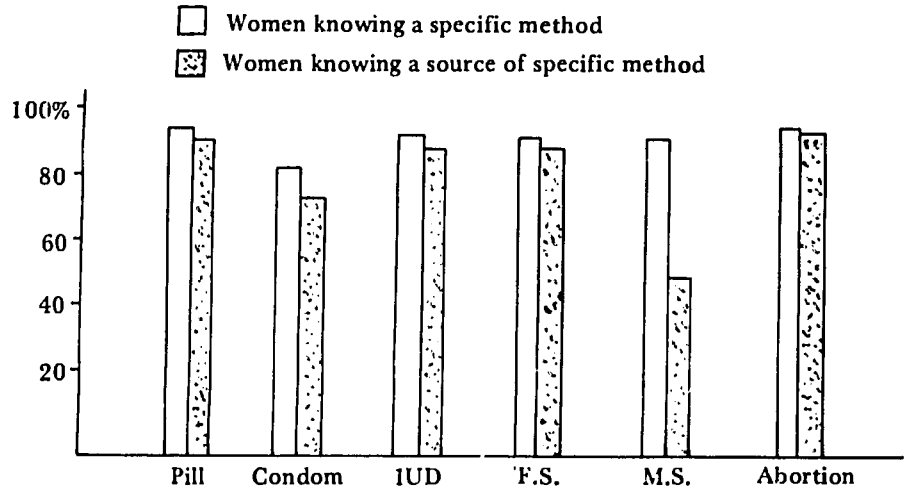
1) S. B. Lee, *et al.*, A Study of Community Characteristics Influencing Family Planning and Fertility Behavior, KIFP, 1978.

2) S. W. Hong, Fertility and Fertility Limitation in Villages: Community and Individual Level Effects, Ph. D. Thesis, University of Hawaii, Dec. 1976.

3) S. K. Kong and H. K. Lee, A Study on Family Planning Service Channels Influencing Acceptability of Contraception, KIFP, 1979.

Fig. VIII-1. Knowledge of Method and Method Source by Method: 1979



condom, somewhat fewer (76 percent) knew of a source. A larger difference was found between knowledge of male sterilization (93 percent) and knowledge of a source for this method (51 percent). As shonw in Figure VIII-1, there is almost universal knowledge of a source of a modern contraceptive method.

8.2 Availability by Contraceptive Method

8.2.1 Oral Pill

Approximately 53 percent of all women who had ever used the oral pill obtained it through the health center network, and 42 percent obtained it from a drugstore. Responses from those who had never used the pill were quite similar; about 51 percent indicated that they would get it from the health center network, and 45 percent from a drugstore.

Looking at sources of supply by residence, drugstore was mentioned by 69 percent of those women from large cities who had ever used the oral pill compared to 21 percent of women from rural areas. Rural women were more likely to mention the health center (72.2 percent). The source of supply pattern for women from large cities and rural areas who had ever used the pill was similar to the replies of those who had used the pill.

Table 8-1. Service Point for Oral Pill: 1979

Service point	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Clinic or Hospital	1.0	2.5	1.3	4.1	1.5	2.3	0.5	1.2
Health center	52.7	51.3	27.4	28.6	50.9	45.9	72.2	73.8
Drug store	42.0	45.3	69.4	66.9	43.8	51.3	20.9	23.4
Other	4.3	0.0	1.9	0.4	3.7	0.6	6.4	1.7
Total	100.0	100.0	100.0	100.0	99.9*	100.1*	100.0	100.1*
(N)	(5,984)	(7,671)	(1,893)	(2,582)	(1,499)	(2,012)	(2,592)	(3,077)

* It is because of rounding error.

Oral pills are currently provided at 100 won per cycle through Governmental program and at 500-700 won in private sectors. They were distributed free in the first stage of governmental family planning program, but now they can be obtained with a nominal fee. There is no significant difference in cost between rural and urban area.

Knowledge of the cost to obtain the pill is shown in Table 8-2. Approximately 10 percent of all women who had ever used the pill stated that it could be obtained free of charge, and 90 percent indicated that there was some cost. Most government-supported supplies are in fact distributed at a cost of 10 to 20 percent of the market place value.

Table 8-2. Cost of Oral Pill: 1979

Cost	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Free	9.8	46.0	8.4	54.0	9.7	37.7	10.8	43.9
Not free	90.2	54.0	91.6	46.0	90.3	62.3	89.2	56.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(5,252)	(2,383)	(1,525)	(793)	(1,318)	(469)	(2,409)	(2,383)

Footnote: Every tables missed no response and don't know cases in this chapter.

Table 8-3. Travel Time for Oral Pill: 1979

Time	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Home distribution	4.2	1.0	1.9	0.5	3.8	0.9	6.1	1.5
−30 minutes	67.4	70.2	87.1	89.0	79.9	83.6	46.1	46.7
30+	28.3	28.8	10.9	10.4	16.3	15.4	47.8	51.8
Total	99.9*	100.0	99.9*	100.0	100.0	99.9*	100.0	100.0
(N)	(5,797)	(7,190)	(1,835)	(2,368)	(1,435)	(1,851)	(2,527)	(2,971)

* It is because of rounding error

However, 46 percent of women who had never used the pill indicated that it could be obtained free of charge. This suggests there is a considerable amount of wrong pricing information among Korean women. The pattern of pricing information seems to vary very little between areas of the country, further suggesting that a national program aimed at informing women of the real cost of the pill would be worthwhile.

According to Table 8-3, 4 percent of women obtain pills through home distribution. Most women can obtain the pill in 30 minutes or less from other sources. The travel time to source is generally longer in rural areas (responses from this group were almost equally divided between less and more than 30 minutes). There was little difference in the responses from those who had ever used and those who had never used the pill. It appears from those data that there is some justification for improving the rural pill distribution networks.

8.2.2 Condom

Among those women who had ever used the condoms, 40 percent indicated the health center network as a source of supply, and 47 percent indicated the drugstore (Table 8-4). Of those who had never used the condom, 55 percent indicated the health center network as a source of supply. Women in large cities reported drugstores most often as the source of condoms; women in smaller cities, less often; and women in rural areas least often. Health centers were sources of supply more often in the rural areas. Thus, in rural areas the condom can be promoted through the health network, while the role of the drustore is most im-

Table 8-4. Service Point for Condom: 1979

Service point	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Clinic or Hospital	3.2	1.9	3.3	2.8	3.7	2.2	2.5	1.0
Health center	40.0	54.8	21.3	31.0	39.9	47.5	63.3	75.6
Drug store	47.0	41.1	68.0	64.6	46.0	48.5	21.7	20.2
Other	9.8	2.2	7.4	1.5	10.5	1.9	12.4	3.1
Total	100.0	100.0	100.0	99.9*	100.1*	100.1*	99.9*	99.9*
(N)	(3,667)	(7,442)	(1,479)	(2,216)	(999)	(1,996)	(1,189)	(3,229)

* It is because of rounding error.

portant in large cities. Clinics or hospitals were reported as sources of condoms by less than 5 percent of the women regardless of areas. In each area, perceived sources, reported by women who had never used condoms, were mentioned with about the same frequency as actual sources.

Condom is also providing at 100 won per 1 case (include 12) through Governmental program and at 500 won in the private sectors currently as same as oral pill. It was distributed free at the first stage but now a nominal fee is needed to obtained condom in Government's program. It is for the more efficient dealing with contraceptives.

As to condom cost, 48 percent of those who had ever used the condom indicated that there was no cost, and 52 percent indicated that there was a charge.

Table 8-5. Cost of Condoms: 1979

Cost	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Free of Charge	48.0	87.8	32.9	89.6	48.1	86.3	61.8	87.2
Not free of Charge	52.0	12.2	67.1	10.4	51.9	13.7	38.2	12.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(2,555)	(4,282)	(892)	(1,359)	(701)	(810)	(963)	(2,112)

Looking at responses by residence, 33 percent of women in large cities indicated no charge compared to 62 percent of women in rural areas (See Table 8-5). This finding probably reflects the fact that condoms are often obtained at drugstores in cities and at health centers in rural areas.

There is also a difference in the response patterns of those who have and have not ever used this method.

Approximately 90 percent of women who had no experience with the condoms believed that supplies were free of charge. This may be because the condom is a male contraceptive method.

According to Table 8-6, 11 percent of the women who had ever used the condom relied on home distribution, and 70 percent could obtain the product in less than 30 minutes. Again, rural residents generally indicated a longer travel time compared to urban residents.

Table 8-6. Travel Time for Condom : 1979

Travel Time	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Home distribution	10.5	2.4	7.9	1.7	11.6	1.7	12.7	3.3
-30 minutes	70.1	67.0	83.7	86.1	76.5	82.4	48.2	45.8
30+	19.4	30.6	8.4	12.3	11.8	15.9	39.1	51.0
Total	100.0	100.0	100.0	100.1*	99.9*	100.0	100.0	100.1*
(N)	(3,542)	(7,028)	(1,428)	(2,029)	(951)	(1,841)	(1,163)	(3,158)

*It is because of rounding error.

8.2.3 IUD

According to Table 8-7, 57 percent of the women who had ever used the IUD obtained the service through the health center, and about 40 percent through a clinic or hospital. Rural women were only slightly more likely than urban women to mention the health center.

The data also shows differences in perceived and actual sources by area of residence. Urban women who never used the IUD were more likely to report clinics or hospitals (50 percent) as sources than actual users (36 percent). However, the

Table 8-7. Service Point for IUD: 1979

Service point	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Clinic or Hospital	36.9	39.3	36.3	49.7	42.4	46.0	34.6	25.6
Health center	57.1	58.8	55.2	48.1	53.9	52.6	59.6	72.4
Mobile service clinic	4.9	0.8	6.1	0.7	3.4	0.4	4.9	1.1
Other	1.1	1.2	2.4	1.4	0.2	1.0	0.9	0.8
Total	100.0	100.1*	100.0	99.9*	99.9*	100.0	100.0	99.9*
(N)	(4,360)	(8,915)	(1,155)	(3,054)	(1,031)	(2,370)	(2,173)	(3,492)

*It is because of rounding error.

urban health centers were actually the most important source. In the rural areas, there were somewhat different patterns. Health centers were chosen most often as both a potential and an actual source. Furthermore, women in the rural area who never used the IUD were *less* likely to mention clinics or hospitals (26 percent). In addition, rural never users were less likely than urban never users to mention clinics or hospitals (50 percent).

In Governmental program IUD acceptors have to pay only 700 won now but in private sector, cost of IUD is very expensive that ranges from 10,000 won to 20,000 won. The difference of cost by program source is biggest in case of IUD among various family planning methods in Korea. Of course these costs both in public and in private have been modified gradually since 1963 when IUD program started first. IUD was also distributed in free charge at first stage of Governmental program.

According to Table 8-8, 92 percent of those who had used an IUD got this service free of charge. Women in rural areas reported that this services was free of charge (96 percent) more often than women from the large cities (83 percent). Most women who never used the IUD also believed that the IUD could be obtained free. Women in large cities who never used were more likely than users to state the method was free of charge, but there was no such difference between ever and never users in small cities and rural areas.

Table 8-8. Cost of IUD: 1979

Cost	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Free of charge	91.6	96.5	83.0	93.4	91.3	97.3	96.2	98.4
Not free of charge	8.4	3.5	17.0	6.6	8.7	2.7	3.8	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(4,190)	(5,119)	(1,087)	(1,638)	(977)	(1,268)	(2,126)	(2,213)

Rural women are more likely to consider convenience in obtaining the IUD to be a problem than urban women. Table 8-9 shows that actual travel time was greater than 30 minutes for 56 percent of rural women, but only 32 percent of urban women. There were no differences between ever and never users in any of the areas.

Table 8-9. Travel Time for IUD

Travel time	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
-30 minutes	57.5	59.1	67.7	67.0	76.5	76.4	43.8	41.8
30+ minutes	42.6	40.9	32.3	33.1	23.4	23.6	56.3	58.2
Total	100.1*	100.0	100.0	100.1*	99.9*	100.0	100.1*	100.0
(N)	(4,189)	(8,112)	(1,061)	(2,607)	(982)	(2,163)	(2,147)	(3,343)

*It is because of rounding error.

8.2.4 Female Sterilization

Among those women currently using on effective contraceptive method, female sterilization is the most prevalent. Thus, the perceived availability of female sterilization is regarded as a particularly important factor in increasing the number of couples practicing contraception.

As shown in Table 8-10, 84 percent of all women ever accepting female sterilization stated that they obtained this service through a clinic or hospital. However, only 61 percent of those women who had not accepted female sterilization indicated the clinic or hospital as the desired source of service.

A somewhat higher proportion of women in rural areas than urban areas had gone to health centers for the operation. Perceived (for non-users) in rural areas also reflected this pattern of actual source (for users). Even more than in the urban areas (33 percent), the health center was reported as a possible source of female sterilization in rural areas (48 percent).

Table 8-10. Service Point for Female Sterilization: 1979

Service point	All Korea		Large cities		Other cities		Rural	
	User	Non-user	User	Non-user	User	Non-user	User	Non-user
Clinic or Hospital	84.0	60.2	84.8	66.2	89.0	67.5	79.3	51.2
Health center	15.5	39.3	14.4	33.2	10.4	32.1	20.6	48.4
Other	0.5	0.4	0.8	0.7	0.6	0.3	0.1	0.3
Total	100.0	99.9*	100.0	100.1*	100.0	99.9*	100.0	100.0
(N)	(1,843)	(11,256)	(791)	(3,590)	(448)	(2,930)	(604)	(4,737)

*It is because of rounding error.

Table 8-11. Cost of Female Sterilization: 1979

Cost	All Korea		Large cities		Other cities		Rural	
	User	Non-user	User	Non-user	User	Non-user	User	Non-user
Free of charge	65.3	90.8	61.0	85.8	55.3	90.5	77.9	94.4
Not free of charge	34.7	9.2	39.0	14.2	44.7	9.5	22.1	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(1,741)	(6,813)	(729)	(2,072)	(424)	(1,661)	(587)	(3,079)

There were no cases of free charge in tubal ligation before 1972, when Korean Government began to include the tubal ligation as the major contraceptive method in family planning program. Before then, cost of tubal ligation was not only very expensive but also available privately. Now public program cover the most tubal ligation and only a few cases remained in private sector but the cost and type of operation are scarcely known because of it's professionality.

There is a consistent difference in response about the cost of female sterilization between ever users and never users. Never users were more likely to indicate this service to be free of charge, regardless of residence (Table 8-11). In addition, urban women who had been sterilized reported the operation had been free of charge less often (about 60 percent of acceptors) than rural acceptors (80 percent).

As with acceptors of other methods, rural women who have chosen sterilization reported longer travel times. Almost 80 percent of respondents from "other cities" indicated a travel time of half an hour or less followed by women in large cities (69 percent) as Table 8-12 shows. Respondents from rural areas are least likely to in dicate this short period of time (31 percent). No differences were found between perceived and actual service times, reported by never users and ever users, respectively.

Table 8-12. Travel Time of Female Sterilization: 1979

Travel time	All Korea		Large cities		Other cities		Rural	
	User	Non-user	User	Non-user	User	Non-user	User	Non-user
-30 minutes	58.3	55.4	68.8	65.7	77.8	76.1	30.6	35.7
30+ minutes	41.7	44.6	31.2	34.3	22.2	23.9	69.4	64.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(1,800)	(10,497)	(759)	(3,186)	(441)	(2,740)	(599)	(4,571)

8.2.5 Male Sterilization

Responses about male sterilization were not obtained from husbands. Thus, this analysis is based on the perceptions of the women interviewed, which are assumed to be influenced by their husband's actual experience.

Among all women who had experience with male sterilization, 60.7 percent said it was available at a clinic or hospital and 35 percent at a health center. Urban and rural users and non-users were alike in reporting clinics or hospitals as the main source. In rural areas, however, the perceived source reported most often was the health center (52 percent), although this source was less frequently named as the actual source (39 percent).

Table 8-13. Service Point for Male Sterilization: 1979

Service point	All Korea		Large cities		Other cities		Rural	
	User	Non-user	User	Non-user	User	Non-user	User	Non-user
Clinic or Hospital	60.7	57.0	63.3	63.7	62.1	64.5	55.4	46.7
Health center	34.7	41.5	34.0	34.9	30.4	33.8	39.1	52.0
Mobile service clinic	4.5	1.4	2.6	1.4	7.4	1.6	5.4	1.3
Other	0.1	–	–	–	–	–	0.2	–
Total	100.0	99.9*	99.9*	100.0	99.9*	99.9*	100.1*	100.0
(N)	(841)	(11,482)	(105)	(3,840)	(191)	(3,012)	(245)	(4,641)

*It is because of rounding error.

Cost structure of male sterilization does not change compared with other contraceptive methods in Korea. Since 1962 when Korean family planning was started by Governmental policy, male sterilization has been doing the major part in family planning. It has been provided entirely free of charge from the beginning until now. Moreover male sterilization acceptor has been received a subsidy from Government. Even though a few cases could be done in private sector but they were not exposed clearly.

Most respondents (both ever users and never users) considered male sterilization to be available free of charge (See Table 8-14). No major differences were found between ever users and never users in reported cost, regardless of residence.

Table 8-14. Cost of Male Sterilization: 1979

Cost	All Korea		Large cities		Other cities		Rural	
	User	Non-user	User	Non-user	User	Non-user	User	Non-user
Free charge	91.3	97.3	86.7	95.8	94.7	97.1	95.9	98.5
Not free charge	8.7	2.7	13.2	4.2	5.3	2.9	4.1	1.5
Total	100.0	100.0	99.9*	100.0	100.0	100.0	100.0	100.0
(N)	(753)	(6,685)	(355)	(2,060)	(165)	(1,624)	(233)	(3,001)

*It is because of rounding error.

Table 8-15 presents travel time for male sterilization. Of the women whose husbands had accepted sterilization, 62 percent perceived that it takes less than 30 minutes to obtain this service. Again, convenience appears to be higher in urban areas. Fewer women in rural areas perceived that it takes less than 30 minutes (43 percent). Both ever users and never users within each residential category indicated similar service times.

Table 8-15. Service Time for Male Sterilization: 1979

Time	All Korea		Large cities		Other cities		Rural	
	User	Non-user	User	Non-user	User	Non-user	User	Non-user
-30 minutes	62.3	56.2	64.1	65.0	85.3	74.3	42.7	36.9
30+ minutes	37.7	43.8	35.9	35.0	14.7	25.7	57.3	63.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(770)	(10,648)	(368)	(3,393)	(170)	(2,776)	(232)	(4,479)

8.2.6 Induced Abortion

Induced abortion plays an important role in reducing fertility in Korea. Table 8-16 indicates the service points for induced abortion. For those who have had and those who never have had an abortion, 96 percent and 92 percent respectively mentioned the clinic or hospital as the service point. The patterns by residence, and between ever users and never users, are alike.

Table 8-16. Service Point for Induced Abortion: 1979

Service point	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Clinic or Hospital	96.1	92.1	98.4	95.2	97.4	97.1	92.6	87.8
Health center	2.3	7.2	1.2	4.4	1.1	2.6	4.6	11.2
Other	1.5	0.6	0.4	0.3	1.6	0.2	2.8	1.1
Total	99.9*	99.9*	100.0	99.9*	100.1*	99.9*	100.0	100.1*
(N)	(6,685)	(7,086)	(2,530)	(2,001)	(1,952)	(1,686)	(2,303)	(3,398)

*It is because of rounding error.

Before M.R. (early abortion) was included to family planning program in 1974, most of induced abortion were not only available privately but also their costs were ranged variously according to several reasons. But in the case of IUD failure or want to female sterilization after terminate unwanted pregnancy, they have been doing in free charge in Governmental program. On the other hand, Government give to the physician at 14,000 won per one induced abortion now.

Most women indicated that induced abortion is not free of charge. However, Table 8-17 indicates that comparatively more women who have never experienced induced abortion perceive that this service can be obtained free of charge. Residence had no effect on this perception or on actual cost.

Table 8-17. Cost of Induced Abortion: 1979

Cost	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
Free of charge	2.7	24.7	1.2	26.3	1.7	14.4	5.1	28.4
Not free of charge	97.3	75.3	98.8	73.7	98.3	85.6	94.9	71.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(6,347)	(2,858)	(2,396)	(934)	(1,746)	(619)	(2,205)	(1,305)

Table 8-18. Travel Time for Induced Abortion: 1979

Time	All Korea		Large cities		Other cities		Rural	
	Ever used	Never used	Ever used	Never used	Ever used	Never used	Ever used	Never used
-30 minutes	62.0	53.7	76.1	71.6	78.8	80.0	33.3	30.8
30+ minutes	38.0	46.3	23.8	28.4	21.2	20.0	66.7	69.2
Total	100.0	100.0	99.9*	100.0	100.0	100.0	100.0	100.0
(N)	(6,505)	(6,750)	(2,428)	(1,884)	(1,807)	(1,583)	(2,270)	(3,282)

*It is because of rounding error.

Perceived travel time for induced abortion is presented in Table 8-18. Urban women were more likely to indicate the actual travel time to be less than 30 minutes (77 percent) than rural women (33 percent). Differences by experience (ever users, never users) are slight.

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APPENDICES

I. Questionnaire

II. Other Materials for KCPS

1. Field Operation Chart
2. Map of Sample Point

Appendix I.

Study Number		Si/Do		Eup/Myun Dong		Tong/Ri		House-hold Number	Re-sponded Woman's Number	In-quaries
1	2	3	4	5	6	7	8	9 10	11	12

KOREAN CONTRACEPTIVE PREVALENCE SURVEY

Address: Si Do _____ Si _____ Gu Gun _____ Eup Myun Dong _____ Tong Ri _____ Ban _____ House Number _____

Name of Head of Household: _____ Household Number: _____

Name of Respondent: _____ Respondent's Number: _____

Inquires: _____

Interviewer Calls	1st visit	2nd visit	3rd visit
Date			
Time started			
Time finished			
Duration			
Result			
Interviewer-name			

*Result (Reason for Not Completed):

1. Refused
2. Changed address (vacant)
3. Impossible to locate address
4. Postpone
5. Not at home

	Supervisor		Field editor	
Name				
Date	Mo	Day	Mo	Day

KOREAN INSTITUTE FOR FAMILY PLANNING

WESTINGHOUSE HEALTH SYSTEM

I. HOUSEHOLD INFORMATION

1. How many household members are living here?
Please tell me the name of the head of household and (his) family, and give me information without omission on other persons such as parents, brothers, relatives and other residents if they are living together here.

1. Name	2. Relationship to head of household	3. Sex	4. Age, animal symbol of birth	5. Date of Birth	6. Marital status (age 15 and over)	7. Interviewee or not
Now give me name of household members starting from head of household	What is the relationship of this person to the head of the household?	Is this person male or female?	How old is this person and what is the animal symbol (year)?	What was the person's year, month and day of birth?	1. Currently married 2. Divorced 3. Widowed 4. Separated 5. Single	Please insert V if a ever married women is under age 15 (completed age 49)
1	Head of household	Male ____ Female ___	Age ___ Yr. Animal Symbol	___ ___ ___ L Yr. Mo. Day S		
14						
15						

(1-8) Now, how many people are usually living together here?
Total Number of Household Members _____ Persons. _____ Male, _____ Female.

CARD NUMBER [1]
13

Sex | Completed age at last birth day | Marital status

☐ 14 ☐ 15 ☐ 16 ☐ 17
☐ 18 ☐ 19 ☐ 20 ☐ 21
☐ 22 ☐ 23 ☐ 24 ☐ 25

☐ 70 ☐ 71 ☐ 72 ☐ 73

Total Number of Household Members
☐☐ 74 75

Number of Male Household Members
☐☐ 76 77

Number of Female Household Members
☐☐ 78 79

127

II. INFORMATION IN VITAL EVENTS (BIRTHS/DEATHS)

CARD NUMBER [2] 13

1. Birth: I would like to know events on births and deaths if occured in this household in last year.

1.1 Did you have any birth in this household between this moment and the lunar new year (Feb. 7, 1978)? Please also give me information on birth in which the child has died.

1. No _____ (If no skipt to 2-1)
2. Yes _____ Total Births _____ Male _____ Female _____

*Please circle the correct month of birth for each birth in the household (If birth is twin make 0)

'78 (Feb. 7) '79

Solar Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May

Lunar Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr

Number of Births Occured in Last One Year

Total [ ] 14 M [ ] 15 F [ ] 16

1.2 Give me date of birth and age of mother at the time of the event, and of the birth

	No. of Birth	Sex	Date of Birth	Date of Mother's Birth	Age of Mother at the Event	Parity of this Birth
Birth Table	1	M.F	S Yr.Mo.Day.L	S Yr.Mo.Day.L	Years. (completed)	
	2					
	3					

Mothers age at 1st [ ] 17 [ ] 18 Parity of birth [ ] 19

2nd [ ] 20 [ ] 21 [ ] 22

3rd [ ] 23 [ ] 24 [ ] 25

2. Death

2.1 Did you have and death in this household between this moment and the lunar new year (Feb. 7, 1978)?

1. No _____ (If no skipt to III., Individual Inquires)
2. Yes _____ Total Deaths _____ Male _____ Female _____

*Please circle the correct month for each death in the household.

'78 (Feb. 7) '79

Solar Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May

Lunar Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr

Deaths Total [ ] 26 M [ ] 27 F [ ] 28

Infant death [ ] 29

Maternal death [ ] 30

2.2 When did (he) die and what was (his) age at the death? What is the animal symbol (year) and birthday of the dead person? (Interviewer should convert from reckoning age to completed (western) age, and fill out in following death table).

2.3 When he died what was the cause of death? Was the disease or accident (If a woman died, please check whether pregnancy and delivery caused or not.)

Death Table		Sex	Date of Death	Date of Birth of the Death	Age at the Death Event	Cause of Death
	1	M.F	S Yr.Mo.Day L	S Yr.Mo.Day L	S Yr.Mo.Day L	1. Accidental 2. General disease 3. Maternal death 4. Others
	2					
	3					

III. INDIVIDUAL QUESTIONNAIRE

1. Eligiblity and Background

CARD NUMBER
[3]
13

101. How old are you (if question is duplicated, simply copy down from the household information)?
Age _____Years ( ) animal symbol
Date of Birth _____Years_____ Month _____Day (Solar/Lunar)

Completed age of Respondent
☐ ☐
14 15

102. Have you ever attended school? What is the highest grade you passed (completed) at school or college?

0 No school	0						
1 Primary school	0	1	2	3	4	5	6
2 Middle school	0	1	2	3			
3 High school	0	1	2	3			
4 College	0	1	2	3	4		
5 Graduate school	0	1	2				

Attended or Not
☐
16

Number of Years Completed
☐ ☐
17 18

103. As you know, many women work . . . I mean, aside from doing their own housework. Some take up jobs for which they are paid in cash or kind. Others sell things, or have a small business. Are you doing any such work at the present time?
1 Yes _____ (describe in details)
2 No

Occupation
☐
19

104. Well, now we would like to talk about some aspects of your life. When did you have your last menstrual period?
1 Less than 30 days ago (skip to 106)
2 30 to 60 days ago
3 61 days ago or more

Time of Last Menstruation
☐
20

105. Are you pregnant now?
1 Yes (skip to 106-1)
2 No
3 Do not know/not sure

Currently Pregnant
☐
21

106. Have you ever been pregnant (exclude currently pregnant)?
1 Yes
2 No (skip to Q. 108)

Ever been Pregnant
☐
22

106-1. When did the last pregnancy terminate?

_____Year _____ month (Solar/Lunar)

Time of Last Pregnancy
Yr Mo
☐ ☐ ☐ ☐
23 24 25 26

106-2. How did the last pregnancy terminate?
1 Normal delivery
2 Induced abortion
3 Spontaneous abortion
4 Still birth

Termination Status of Last Pregnancy
☐
27

106-3. Was it wanted or not (wanted)?
1 Wanted
2 Not wanted
3 Don't know

Last pregnancy wanted or not
☐ 28

107. After lunar new year (Feb. 7, 1978 in solar calendar) have you ever had an induced abortion? If yeas when did it occur? Please give me information on month of occurence. (Interviewer mark the correct month in following chart, count number of induced abortion, and fill in frequencies).
1 Yes _____ times
2 No

Frequency of Induced Abortion
☐ 29

'78 (Feb. 7) '79

Solar Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May

Lunar Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr

108. How many pregnancies have you had (including present one)
_____ Times

Total number of Pregnancies
☐☐ 30 31

109. Among those pregnancies how many live births have you had so far? And how many induced abortions, spontaneous abortions and still births have you ever experienced?

Live Birth _____ Induced abortion _____
Currently pregnant _____ Spontaneous abortion _____
Still birth _____

Live Birth
☐☐ 32 33

Induced Abortion
☐☐ 34 35

Spontaneous abortion and still birth
☐ 36

110. When was the last time you had a live birth?
_____ Year _____ Month _____Day (Solar/Lunar)

Time of last live birth
Yr Mo
☐☐☐☐ 37 38 39 40

110-1. Where was the last birth delivered?
1 Hospital
2 Clinic
3 Midwife's house
4 Home
5 Other _____

Place of last normal delivery (live birth)
☐ 41

110-2. By whom was the last live birth delivered (attended)?

1 Physician
2 Nurse
3 Midwife
4 Relatives or neighbor
5 Husband
6 Other _____

Delivered Person
☐
42

111. How many living children do you have?

_____ Persons

* PROBES: (1) Are these your own children?
(2) Have you included those living away

Number of Living Children
☐ ☐
43 44

112. Among those living children, how many are sons and daughters?

Son _____ Daughters _____
(Make sure totals agree Q. 111)

Sons Daughters
☐ ☐
45 46

113. Do you intend to have (more) children?

1 Yes
2 No
3 Don't know/Not sure } (Skip to Q. 116)

Additional Children Wanted or Not
☐
47

114. How many children would you like to have (more)?

Total _____ (Son _____ Daughter _____)

Regardless of sex _____

No. of Additional Children Wanted
☐
48

No. of Additional Sons Wanted
☐
49

No. of Additional Daughter Wanted
☐
50

115. If it were entirely up to you, when would you like to have you next (first) child?

1 As soon as possible
2 In the next year
3 In 2 years
4 In 3 years
5 In more than 3 years
6 Don't know

Time of next Child
☐
51

116. As you may know, there are various ways a couple can delay the next pregnancy or avoid having children if they do not want them. This is called family planning. Do you know or have you heard of any family planning methods?
   1 Yes
   2 No (Skip to Q.118)

117. What family planning methods do you know of?

> Circle "Yes" in column A.1 of the table below for each method the respondent mentions

118. Have you ever heard of the _____ as a method.

> Circle "2 (yes) or 3 (no)" in column A.2 of the table below when woman response after mentioning the methods not circled in A.1

119. Have you or your spouse ever used _____ method.

> Circle appropriate response in Column A.3 below after checking methods one by one circled in Column A.1 and A.2.

Method	A.1 Knowledge (Unprompted)	A.2 Knowledge (Prompted)		A.3 Ever Use	
	1:Yes	1:Yes	2:No	1:Yes	2:No
01 Pill	1	1	2	1	2
02 Condom	1	1	2	1	2
03 IUD	1	1	2	1	2
04 Female Sterilization	1	1	2	1	2
05 Male Sterilization	1	1	2	1	2
06 Abortion	1	1	2	1	2
07 Injection	1	1	2	1	2
08 Vaginal Methods	1	1	2	1	2
09 Rhythm	1	1	2	1	2
10 Withdrawal	1	1	2	1	2
11 Other	1			1	2
98 None				97	

Knowledge and Ever Use of Family Planning

	Knowledge	Ever Use
01	52	53
02	54	55
03	56	57
04	58	59
05	60	61
06	62	63
07	64	65
08	66	67
09	68	69
10	70	71
11	72	73

	B4							
	Private Clinic	Hospital	Health Center	Drug Store	Mobile Clinic	PPFK Clinic	Home Delivery (Distribution)	Other
124. How would you get to the (place) you mentioned								
1. Walk	1	1	1	1	1	1	1	1
2. Private transport	2	2	2	2	2	2	2	2
3. Public transport	3	3	3	3	3	3	3	3
125. How long would it take you to get there?	minute	minute	minute	minute	minute	minute	minute	minute
126. Do you consider this place convenient or inconvenient?								
1. Convenient	1	1	1	1	1	1	1	1
2. Inconvenient	2	2	2	2	2	2	2	2
3. Don't know	3	3	3	3	3	3	3	3
127. Outside the place you mentioned before, do you have any idea where you would go to get the family planning services. (check the place)								

Mean of transportation

01	☐ 37
02	☐ 38
03	☐ 39
04	☐ 40
05	☐ 41
06	☐ 42

Required time

01	☐ 43
02	☐ 44
03	☐ 45
04	☐ 46
05	☐ 47
06	☐ 48

Convenient or Not

01	☐ 49
02	☐ 50
03	☐ 51
04	☐ 52
05	☐ 53
06	☐ 64

Additional Knowledge where to get

Private Clinic	☐ 55
Hospital	☐ 56
H.C.	☐ 57
M.C.	☐ 58
P.C.	☐ 59
H.D.	☐ 60
Other	☐ 61

120. What kind of contraceptive method are you using or have you or your spouse used in last month in order to avoid pregnancy?
1 Yes
2 No (Circle 98 in column B.1 in table below and skipt to Q.122)

121. What kind of contraceptive method are you using?

Circle in column B.1 in table below the method

122. Make X when methods known and "circled 1, A.1 and 2, A.3" in previous table

(Every method marked with a X must be asked.)

(1) If you wanted to use (method) where would you like to have (get) service?

Ask (2) for the women currently using the method circled in Col. B 1

(2) Where did you have (get) service?

B.1 Method Currently Using and Knowledge	B.2 Place									B.3 Price
	Private Clinic	Hospital	Health Center	Drug Store	Mobile Clinic	PI FK Clinic	Home Delivery (Distribution)	Other	Don't Know	
01 Pill	1	2	3	4	5	6	7	8		Won
02 Condom	1	2	3	4	5	6	7	8		Won
03 IUD	1	2	3	4	5	6	7	8		Won
04 Female Ster.	1	2	3	4	5	6	7	8		Won
05 Male Ster.	1	2	3	4	5	6	7	8		Won
06 Abortion	1	2	3	4	5	6	7	8		Won
07 Injection	(For these methods don't ask from Q.122 to Q.127.)									
08 Vaginal Methods										
09 Rhythm										
10 Withdrawal										
11 Other										
98 None										

123. For Women
(1) For the methods do you have any idea on price?
(2) How much did it cost (for the women currently using)?

CARD NUMBER

[4] 13

Currently Using Method

☐ 14 ☐ 15

Designed Place to Get Service

01 ☐ 16
02 ☐ 17
03 ☐ 18
04 ☐ 19
05 ☐ 20
06 ☐ 21

Knowledge about Cost (Price)

01	☐ 22	☐ 23	
02	☐ 24	☐ 25	
03	☐ 26	☐ 27	
04	☐ 28	☐ 29	☐ 30
05	☐ 31	☐ 32	☐ 33
06	☐ 34	☐ 35	☐ 36

128. Currently using method circled in column B.1 in previous page please circle again Q. 128 (this question)

1 Pill
2 Condom
3 Varginal Methods
4 IUD
5 Female Sterilization
6 Male Sterilization
7 Injection
8 Rhythm
9 Withdrawal

(Skip to Q. 132)

10 Other
98 None (Skip to Q. 131)

Gov't-Support of Self-supporting

☐ 63

129. Do you have any supplies of the method you are currently using?

1 Yes (Skip to Q. 131)
2 No

Have or Not

☐ 64

130. Could you tell why you do not have the contraceptives which you are not using in your house now?

1 Because of pregnancy
2 Because of want to have pregnancy
3 Husband is not home
4 Because of health reason
5 Because of lactation
6 Seems to be naturally sterilized
7 Because of not prepared unintentionally
8 Menopause
9 Other

Reason for Not Having

☐ 65

131. (If none in Q. 128) What is you main reason for currently not using a family planning?

1 Because of pregnancy
2 Because of desire pregnancy
3 Husband is not home
4 Because of health reason
5 Because of lactation
6 Seems to be infecund
7 Menopause
8 Other

Reason for Not Using

☐ 66

132. What is your current marital status? (If this information is equired in household information confirm)

Material Status ☐ 67

1 Married (Skip to Q. 134)
2 Cohabitating together
3 Divorced
4 Widowed
5 Separate
6 Other

133. Are you currently cohabitating with your spouse or any other male?

Conjugal life ☐ 68

1 Yes
2 No

134. What is the highest grade your spouse (boy friend) passed completed at school or college?

Education level ☐☐ 69 70

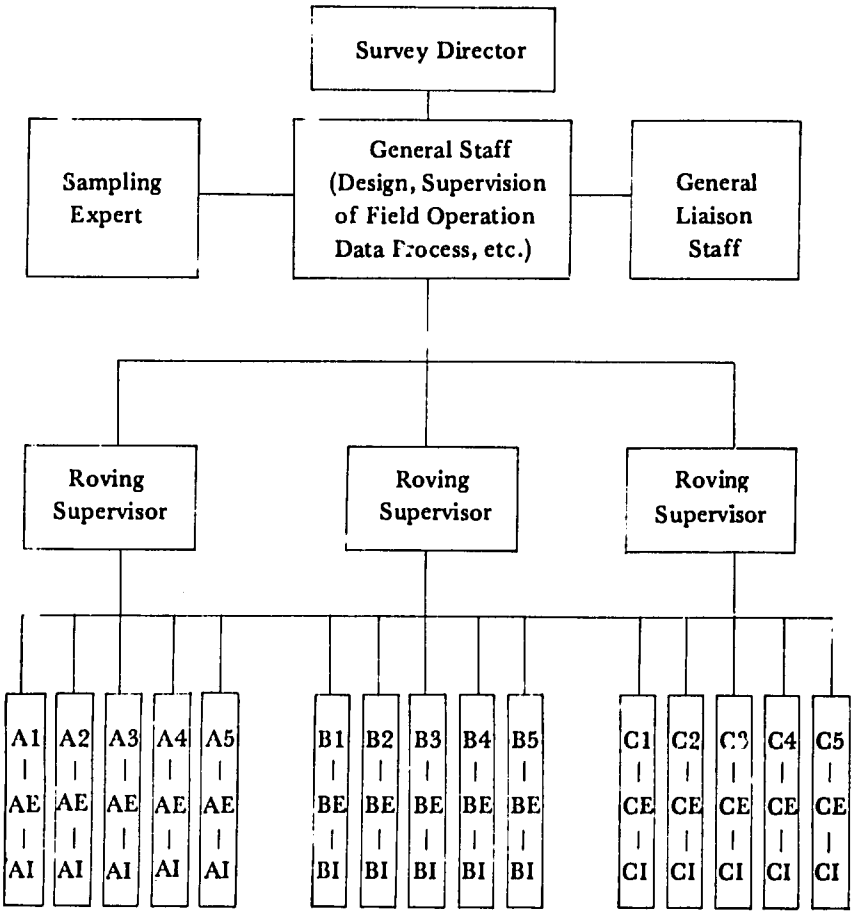
0 No school	0						
1 Primary school	0	1	2	3	4	5	6
2 Middle school	0	1	2	3			
3 High school	0	1	2	3			
4 College	0	1	2	3	4		
5 Graduate school	0	1	2				

(Interviewers should check and review the accuracy and consistency of the inquiries through out the Questionnaire again.)

Thank you very much for your cooperation and time.

Good Bye

Appendix II-1. **Field Operation Chart**



No. of Teams (15)
No. of Editor or Team Leader (15)
No. of Inter-viewers (60)

Appendix II-2.

MAP OF SAMPLE POINTS